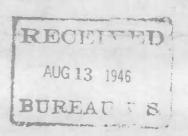
			.5.				
MARYLAND	STATE	DEPARTMENT	OF	HE	AI	T	H

2411 N. Charles St., Baltimore

		00	DU	,
٣	Reg.	Diat.	N.	351

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Washington Hagesstown (If outside city or town limits, write RURAL and give nearest town) Street No. 15 West Baltimore (If rural, give LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security Number 214-09-7626 MEDICAL CERTIFICATION 5 20
Male White Single	20, DATE DF DEATH. August 6, 19 46 21 M
5.(6) Name of husband or wife 5.(c) If alive, give age years 7. Birth date of decessed (mo., day, yr.) November 27, 1898	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.5
decessed (mo., day, y.,)	Immediate cause of death
o. AGE:	Olista dan J alesflayes
47 8 10hrsmin.	Carcus
9. Birthplace	Due to Caneras
	Dther conditions
Hagerstown, Md. Azzie M. Chrissinger 14. Maiden name Hagerstown, Md. Hagerstown, Md.	(Include pregnancy within 8 months of death) Major findings of operations. Date of op. 944
16. Informant Sarah Hartley (Sister)	Autopsy results.
Hagerstown	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, cremation, or removal. Which?) Bate thereot. Aug, 10,1946 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Cemetery or crematory	Whera did injury occur?
Location Hagerstown	Injured at home, farm, Industry, public place (where?)
18. Funeral director Fred W. Kraiss.	Maans of Injury Injured at work?
Address Hagerstown	P. M. I en my
19. Clear 18 19 45 E Kee M. Eling. (Date rec's by registrar)	23. SIGNATURE. M. D. or other Address W Land Land Bate signed S / 7 / 6



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d)

	UO	301312
Reg.	Dist.	No.

I. PLACE OF DEATH: County Washington County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	state Maryland county Washington		
City or town. Chewsville Md. (If outside city or town limits, write RURAL and give nearest town)	City or town. Chewsville Maryland (If outside city or town limits, write RURAL and give nearest town)		
How tong in above place of death? 1 yrs 9 morths. Hospital, Institution, or street address where death occurred:			
Chewsville Md.	Street No. Chewsville Maryland (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
James Eugene Ardinger	None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed	20. DATE OF DEATH. Quy . 19 19 46 5 7 M		
6.(b) Name of husband or wife Ida Catherine Patton Ardinger (deceased) (c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) July 20, /8 6 6	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		
8. AGE: Years Months Pays If less than one day	Immediate cause of death		
80 25min.	Charming The occupation		
9. Birthplace Williamsport, Maryland (Town, county, and state)	Due to. Que to closes		
10. Usual occupation Mechanist.	Ducks		
11. Industry or business Byrons Tannery	50¢ ()		
12. Name Charles Ardinger 13. Birthplace Williams port, Md	Dther conditions		
Emma Nitzel	(Include pregnancy within 3 months of death)		
14. Malden name Emma Nitzel 15. Birthplace William sport, Maryland	Major findings of operations		
16. Informant Mrs. A. E. Sinsel (daughter)	Autopsy results		
17. Burial Date thereof. Aug. 14 1946. (Burial, cremation, or removal. Which?) Cemetery or crematory. Aug. 14 1946. (Wonth) (day) (year) Villiams port, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Edith V. Leaf	tnjured at home, farm, Industry, public place (where?) Means of tnjury injured at work?		
Address #7 Church St. Williamsport Md.	(2) Sather		
19. Aug-13 1946 Margaret B. Bourn (Date rec'd by registrar) Registrar	Address Address Date signed 8. 15. 46		
Defects			

RECEIVED

AUG 15 1946

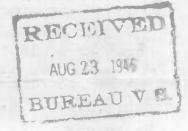
BURLAUVS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-0)

4	083	62
A	Reg. Dist.	No. 204

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
3.(a) FULL NAME Elva Ann Bachtell	3. (b) Social Security Number None			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Widow	20. DATE OF DEATH OUTSTALL 19 19 46 at 8 5			
8.(6) Name of husband or wife. John Henry Bachtell 6.(c) If alive, give age	ears and that last saw h			
91 9 13 hrs. 9. Birthplace Smithsburg, Wash. Co. Md. (Town, county, and state) 10. Usual occupation Housework				
11. Industry or business 12. Name David Ridenour 13. Birthplace Smithsburg, Md. Elizabeth Brown	Other conditions. The surface of the			
Smithsburg, Md.	Major findings of operations. Date of op.			
Mrs. Bertha Wolcott Address Hagerstown, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
17. Burial Date thereof 8-21-46 (Burial, cremation, or removal, Which?) (month) (day) (year) Stouffer's Grave Yard	22. VIOLENCE: if death was due in external causes, fill in the following: Accident, suicide, or homiside. Where did injury occur? According (Caparis) (Caparis) (State)			
Greensburg, Maryland 18. Funeral director. C. M. Suter & Sons Hagerstown, Maryland 19. Out 6 2 / 19. 46 Clash Bowe	Injured at home, falm, Industry, public place (where?) Misans of injury 23. Signafure M. D. or other Trax Address Bate signed			



LAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1)	W
•	PLAINLY,
9	PLA
9.45.15N	WRITE
VS A15	PLEASE
VS	PL

			2411 N. Charle	e St., Baltimore 940	1.0303	
			CERTIFICAT	TE OF DEATH	Reg. Dist. No	302
1. PLACE OF DEATH: County. Vashington City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Days Hospital, institution, or street address where death occurred: Alexander Hotel How long in hospital or institution? None			***************************************	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of State Ohio Could off outside city or town limits 9308 Miles Available of (If rural, give 100 of 100 off veteran, name wer.	mother) oly	arest town)
3. (a) FULL NAME					3. (b) Social Security	Number
	adalama	and 4	lames		None	
James B 4. Sex 5. Male	Color or race White	8.(a)Singl	e, married, widowed, or divorced Married	MEDICAL CI 20. DATE OF DEATH. August 8	ERTIFICATION	10
7. Birth date of deceased (mo., day, yr.)	116		c) if alive, give age	21. I CERTIFY that death occurred on the date ebe	, 10	19
0. 1100.	Multilis	Days C	hrs. min.	A		
10. Usual occupation	Merch F1 ony Bac	ant ruit ialam	ermo Italy Retired	Due fo	Linromoosis	6hrs
14. Maiden name	No. Reconio Be	ord ertol:	ino	(Include pregnancy within 3: Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to w	Date of op.	./8/46
Address 17. Removal (Burial, cremation, or Cemetery or crematory Location	[akev: Cleve]	Date then Lew Colland (ent 8/9/46 (month) (day) (year) emstery Ohio offman	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide	(County) here?	(State)
19. Quq. 8:	19.46	69	east frawers,	23. SIGHATURE.	and Date sight	uc 8/



A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 775-CERTIFICATE OF DEATH

× 08364

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? Years	State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)		
923 West Washington Street	Street No. 923 West Washington Street (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Kurvin J. C. Bott	3. (b) Social Security Number 219-12-2137		
Male S.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION EDT Aug/13/ 1946		
6.(b) Name of husband or wife Emma E. Bott B.(c) If alive, give age 4 years 7. Birth date of deceased (mo., day, yr.) June 19, 1882	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19		
8. AGE: Years Months Days If less than one day 64 1 25hrsmin.	Fractured skull(c)		
9. Birthplace York County, Pa. (Town, county, and state) 1D. Usual occupation Retired Trainman	Due to Fractured (1) shoulder girdle closed		
11. Industry or business 12. Name	Due to Fractured (r) tibia& fibula closed Other conditions		
Mary Fockler 14. Maiden name York County, Pa.	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Mrs. Kurvim J.C. Bott Address Hagerstown, Maryland	Autopsy results		
Burial Date thereof 8-16-46 (Burlal, cremation, or removal, Which?) Cemetery or crematory Rest Haven Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. accident Date of Aug/13/46. Where did injury occur? (City or town) (County) (State)		
Hagerstown, Maryland C. M. Suter & Sons	Injured at home, farm, industry, public place (where?)		
18. Funeral director Hagerstown, Maryland	23 SECURITORY NEDICAL EXPLORATION OF MEDICAL		
19. Out of 6 1946 Chaffillowers, (Date ref d by registrar) Registrar	Address Lagrant Tour Date signed 114 /44		



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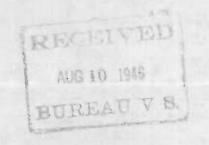
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6

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Reg.	Diat.	No.	3

08265

				2. USUAL RES	IDENCE (HOME) Of in infants give residence of	F DECEASED:	
County			state Maryland County Washington				
(If outside city or town limits, write RURAL and give nearest town)				Hagerst	OWN		
How long in above place of death?		City or town(1	f outside city or town limits	, write RURAL and give no	areat town)		
Hospital, Institution, or		death occurre	latiold at	Street No.		***************************************	
Washin	7	Hours	1400 specios		(If rural, give		
How long in hospital or	HISTITUTION ?	11004	***************************************	2.(a) if veteran, na	me war	***************************************	
3. (a) FULL NAMI						3. (b) Social Security	Number
			Braungard.				
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced		MEDICAL CE	ERTIFICATION	A.M
Female	White	Si	ngle	20. DATE OF DEATH	August	7 19 46	, 12 M 20
					death occurred on the date abo		
6.(b) Name of husband	or wife		***************************************		0	45 10 august	7 1046
7. Birth date of			c) If alive, give ageyears			and le.	19 46
deceesed (mo., day, y	r.)	gust	1878		f death	0	OURATION
8. AGE: Years	Months	Days	if less than one day	in the control of the	•	***************************************	- CONNTION
68			hrsmln.	V	remia.		22 hom
9. Birthplace	serstor	VN1. 7	na.	Due to Chron	me rephrit	is.	3years.
3. Dirtiipiace	(Town,	eounty, and			•		
1D. Usual occupation	28 1	es La	ale	Due to			
11. Industry or business	s				0 4		
12. Name	Jac	ob C.	Braungard	Diher conditions	Tratales M	llilus	1 mos.
13. Birthplace	Mar	yland					
H 14. Malden name	Elm	ira F	lawbaker		nclude pregnancy within 3 n		
14. Malden name		nsylv		Major findings of	operations. MM		
≥ 1 15. Birthplace					Nine	Date of op	
16. Informant	ı. J.	Drau	ngard	Antopsy results	se underline the cause to wh	tak da ah ahandi ka ahanasi	atatistically
Address	Hag	ersto	wn				statisticany.
17 Burial	1	Date ther	eof Aug 9,1946		death was due to external cau		
(Burial, cremation					or homicide		
Cemetery or commit	Ros			Where did Injury or	(City or town)	(County)	(State)
Location	Hag	ersto	wn	Injured at home, fa	rm, Industry, public place (wh	nere?)	***************************
18. Funeral director	Fre	d W.	Kraiss	Means of Injury		Injured at work?	
Address	Hag	ersto	own		KK Normer	I m.J.	
. Our	9 46	1	Kartt Burger	23. SIGNATURE	1	M. D.	or other
(Date reo to by rea	gistrar)	7	Registrar	Address 104	My now ten	O Date signed	818146



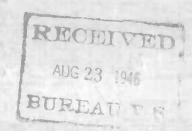
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /60-0)

CERTIFICATE OF DEATH

Rev. Diat. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County A A A A A A A A A A A A A A A A A A A	State Man General Treducion
City or town (If outsits city or town limits, write RURAL and give nearest town)	City or town Sakillasville my
How long in above place of death? Hospital, institution or street andress where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
Mach. to, Nogsilal	Street No
How long in hospital or institution?	2.(a) It veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Cowyn a see /	nous ho
4. Sex 5. Color or race (a.(a) 9 Ingle, married, widowed, or divorced	MEDICAL CERTIFICATION
framile M. Single	20. DATE OF DEATH 20 august 19.46, 215:35 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
	Aug - 20 1946 to Aug 20 1846.
7. Birth date ot	and that I last saw h Link alive on A MS - 20 - 19 46.
deceased (mo., day, yr.) ung /8 - /9 4 6	Immediate cause of death
8. AGE: Years Months Days It less than one day	Intantile Corchial also.
hrsmin.	Paralagoia
9. Birthplace At a Maries loso, Horselal Co	Bueta Paral 4 515
(Town, county, and state)	Cerebral Hemorrase, ?
10, Usual occupation	Due to
11. Industry or business	
12. Name + laya beline proces	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name	Major fiudings of operations.
15. Birthplace Satillasville ma	Bate of op.
16. Interment thank Elmin Shous	Autopsy results. News dowe.
Address Sabillasoille MX	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bus 21 18	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Bate thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Other Commettee	Where did injury occur? (City or town) (County) (State)
Location Near Cascage 1	Injured at home, tarm, industry, public place (where?)
18. Funeral director, M. L. Erleaser Hah	Means of Injury Injured at work?
Address Immant Ma	0/1/2 /1/2
A Standard Allendard Allen	23. SIGNATURE M. D. M. D.
19. (Date rec'd of registrar) Registrar	Address 214 NP of ST Date signed Aug -20-46.
1 V	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

083673 o

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Hagerstown, Route #2. (If outside city or town limits, write RURAL and give nearest town)				State Hagerstown County Washingt		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution or street address where death occurred: FRIP VIEW				City or town. (If outside city or town limits, write RURAL and give nearest town) Route # 2 (If rural, give LOCATION)		
How long in hospital or	tnstitution?			2.(a) If veteran, name war		
3. (a) FULL NAM	E			3. (b) Social Security	Number	
	Zachrial	n Car	baugh.			
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION	P.M	
Male	White		Widowed	20. DATE OF DEATH August 12 18 46	, at	
e (b) Name at husband	or wite			21. I CERTIFY that death occurred on the date above stated: that I attended decea	sed trom	
9.(0) Name of nospane			c) if alive, give ageyears			
7. Birth date of	,,,)Jan 8,	1872	c) it allie, gire ageyears	and that I last saw halive on	-	
8. AGE: Years		Days	If less than one day	Immediate cause of death	DURATION	
74	7	4	hrsmin.	chr. alcoholism	loyrs	
	Wilsons	Wash	ington County A	Idom generalized vascular arter	io	
(Town, county, and state)				sclerosis		
10. Usual occupation. Retired Plasterer				Due to	0315	
11. Industry or busines				hypostatic pneumonia	1d	
Daniel Carbaugh 12. Name Maryland				Other conditions		
	Maryland	i E		(Include pregnancy within 3 months of death)		
14. Malden name Susan Fry 15. Birthplace Maryland				Major findings of operations		
X 15. Birthplace	Maryland	1		Date of op.		
16. Informant	Frank Ca	rbau	gh	Autopsy results		
Address	Hagersto	own		PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
, Bur			reot Aug. 14, 19	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) (month) (day) (year)			(month) (day) (year)			
Cemetery or cremate				(City or town) (County)		
Location			***************************************	injured at home, farm, industry, public place (where?)		
1B. Funeral director	Fred W.	Krai	38	Means of Injury Injured at work?	EDICAL EXAM,	
Address	Hagersto			(Western Wolf wash.	CO., MD.	
			and to Barre	23. SIGNAURE		
(Date reck by re	4 19.46 gistrar)	HIELM	Registrar	Address Date signed	113/46	

AUG 16 1946 BUREAU V S.

VS A15 9-45-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934)

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	DTI	TIC	ATE	OF	DE	A PETE
IH.	K 1 1		AIR	E 3 14	8 3 M /	A 1-

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	
			State Maryland County Washington	
Hospital, Institution, or street a	address where dea	th occurred:	Street No. 532 Salem Av	enue
			(If rural, giv	e LOCATION)
3. (a) FULL NAME Dora H. Cash				3.(b) Social Security Number None
	or or race	8.(a)Single, married, widowed, or divorced WidoW		CERTIFICATION
6.(b) Name of husband or wife William W. Cash 7. Birth date of deceased (mo., day, yr.) March 3, 1869			21. I CERTIFY that death occurred on the date at	bove stated; that lettended deceased from
77	Months 5	6 If less than one day	Ohr My	raiditis 2 4
9. Birthplace Montebello, Virginia (Town, county, and state) Housework			Due to	
11. Industry or business			Due to	
12. Hame Daniel S. Cash 13. Birthplace Montebello, Virginia 14. Malden name Elza Ann Cash 15. Birthplace Montebello, Virginia 16. Informant William L. Cash Address Hagerstown, Maryland 17. Burial Date thereof 8-14-46 (Burlal, cremation, or removal, Which?) Cametery or cremator, or removal, which?				
			(Include pregnancy within 3 months of death) "Major findings of operations.	
			Autopsy results	
			22. VIOLENCE: If death was due to externat or Accident, suicide, or homicide	Date of
location Hage:	rstown,	, Maryland er & Sons	Injured at home, farm, Industry, public place (
18. Funeral director			Phet	PP
Address Hagerstown, Maryland 19. Aug 13 1946 Margaret Bours			23. SIGNATURE	M. D. or other

AUG 15 1946
BUREAU V 8.

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MARYLAND STATE DEPARTMENT OF HEALTH

orren date o	or decease	a is s			e St., Baltimore (13/13)
FILM No. 1 (O ALIC S	2 10/	6 CERTI	FICAI	E OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH: Washington City or fown. (If outsidn city or town limits, write RURAL and give nearest town) How long in above place of death? How long in above place of death? Hospital, institution, or street address where death occurred;					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town (17 outside city or town limits, write RURAL and give nearest town)
nospital, institution, or st	reet 200ress where 0	eath occurred	***************************************		Street No. IIO6 Hamilton Boulevard (If rurnl, give LOCATION)
How long in hospital or in	stitution?			***************************************	2.(a) If veteran, name war
3. (a) FULL NAME		Di	xie L. De	rn	3. (b) Social Security Number 212-24-5-424
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divo	orced	MEDICAL CERTIFICATION
Male	White	l N	larried		20. DATE OF DEATH OLINANT 9 1944 10 M
6.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.)	Oatab		tf allve, give age	years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 46. and that I last saw h. 21 live on
8. AGE: Years	Months 9	Days I3	If less than one day	min.	Immediate cange of death, DURATION
9. Birthplace					Oue to.
11. Industry or business Abraham Dern					
E 12. Name.					Other conditions.
					(Include pregnancy within 8 months of death)
14. Maiden name. Anna Reddick 15. Birthplace Frederick Co., Md.					Major findings of operations. An apenation
16. Interment M	rs. Dixi	e L.	Dern		Antopsy results As autopsy
TTOE	Hamilto	n Bly	d. Hagers	town.	PHASICIAN: Please underline the cause to which seath should be charged statistically.
Address IIO6 Hamilton Blvd. Hagerstown, Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Blue Ridge Cemetery					Accident, suicide, or homicide
Location	Thurm	ont,	Md.	*************************	Injured af home, farm, Industry, public place (where?)
18. Funeral director	M. L. C	reage	er & Son		Means of Injury Injured at work?
Address	Thurmon	t,	d		Ka Store 1
19. Augus (Data rec'h) by regis	11218 46 trar)	Mar	garet B. 1	Registrar	Address. Wagestown M. D. or other Address. Date signed 2/9/46

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WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartea St., Battimore 1312)

CERTIFICATE OF DEATH

Reg. Dist. No. 1302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Washington	State Maryland County Washington
City or town. Hagers town (If outside city or town limits, write RURAL and give nearest town)	Un And Laboratory
How long in above place of death? 3 Days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Washington County Hospital	Street No. 608 Highland Way (If rural, give LOCATION)
How long in hospital or institution? 3 Days	2.(a) It veteran, name war. None
3. (a) FULL NAME	3.(b) Social Security Number
	None
David Trenton Dorraugh 4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Male White Widower	20. DATE DF DEATH August 30 1946 19 21 9 1 M
6.(b) Warme of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	dug 2 7 10 46 to aug 30 1948
7. Birth date of	and that I lest saw h. 4M. alive on aug 30 18.45
deceased (mo., day, yr.) FEDTUSTY 5 1869 8. AGE: Years Months Days It less than one day	Immediate cause of death
77 6 24min.	
9. Birthplace Leesburg Loudon Co. Va.	Due to Myocarstitis of ?
(Town, county, end atate)	Heplinites clas ?
1D. Usual occupation Engineer Retired	Due to
11. Industry or business N. & W. R. R.	
12. Name No Record 13. Birthplace No Record	Other conditions
	(Include pregnancy within 3 months of death)
트 14. Maiden name No Record	
14. Maiden name No Record.	Major findings of operations
Mra Olive Hone Zeller	Actorsy results.
IV. Idivillant	PHYSICIAN: Piease underline the caose to which death should be charged statistically.
Address Hagerstown Md.	22. VIOLENCE: It death was due to external causes, fill in the following:
Burial Date thereot 9/1/46 (Buriol, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?
Location Hagerstown Md.	tnjured at home, farm, industry, public place (where?)
	Means of injury injured at work?
18. Funeral director	1100-1600
Address Hagerstown ld.	as control Hod, Hortesfield M.D.
aug. 31. 46 Meastriowers.	23. SIGNATURE M. D. or other
19. (Date red d by registrar) Registrar	Address 13 & W Washingtone bate signed 8/3/146



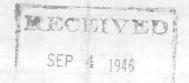
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98-2

CERTIFICATE OF DEATH

Reg. Dist. No. 130 /

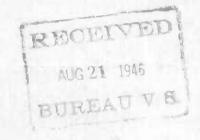
City or town. Villiamsport. Md. (If nutside city or town limits; write RURAL and give nearest town) How long in above place of death? 7.7 yrs. Hospital, institution, or street address where death occurred: 25 H. Potomac St. 10w long in hospital or institution? 3. (a) FULL NAME Mrs. C. Matilda Downs 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Married 6. (b) Name of husband or wife. New ton K Downs 19 46 at 11 attended deceased from 11	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mather)
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 7.7 X.T.S. (If outside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: 2.5 E. Potomac St. Illow long in hospital or institution? 3. (a) FULL NAME Mrs. C. Matilda Downs 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Female White Married 20. Date Of Death 21. CERTIFY that death occurred on the date above stated; that lattended deceased from	county Washington County	
How long in above place of death? 7.7 yrs Hospital, institution, or street address where death occurred: 2.5 E. Potomac St. 10w long in hospital or institution? 3. (a) FULL NAME Mrs. C. Matilda Downs 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Female White Married 20. Date Di Death 21. CERTIFY that death occurred on the date above stated; that lattended deceased from	City or town Williamsport, Md.	
Hospital, institution, or street address where death occurred: 25 E. Potomac St. 10w long in hospital or institution? 3. (a) FULL NAME Mrs. C. Matilda Downs 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Female White Married 20. Date Di Death 29. Date Death 29. Dat		City or town Williamsport
Ilow long In hospital or Institution? 3. (a) FULL NAME Mrs. C. Matilda Downs 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married 2.(a) If veteran, name war None MEDICAL CERTIFICATION Pemale White Married 2.D. DATE DF DEATH. 2.1. J CERTIFY that death occurred on the date above stated: that lattended deceased from	Hospital, Institution, or street address where death occurred:	
Second Security Number Second Security Number None Security Nu	25 E. Potomac St.	Street No
3. (a) FULL NAME Mrs. C. Matilda Downs None 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Female White Married 20. Date Dif Death 29 19 46 at 11 Equal 19 19 19 19 19 19 19 19 19 19 19 19 19	Now Jone In hospital or Institution?	2.(a) If veteran, name war.
Mrs. C. Matilda Downs 4. Sex		
Female White Married 2D. DATE DF DEATH 2D. DATE D		
Female White Married 20. DATE DF DEATH 22. 29 19 46 at 11 29. 5.(b) Name of husband or wife. Newton K Downs. 21. CERTIFY that death occurred on the date above stated; that I attended deceased from	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
6.(b) Name of husband or wife Newton K Downs 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	Remala White Mannied	
	Temate willoc mail loc	
	6.(b) Name of husband or wife. Newton K Downs	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	6.(c) If alive, give age 80 years	
7. Birth date of deceased (mo., day, yr.) July 1 1869	7. Birth date of	and that I last saw h LL alive on Rug. 29. 19.46
8. AGE: Years Months Days If less than one day		Immediate cause of death
0. 102	o. Ada.	
		1 goeare deles Currer & Glan
9. Sirthplace Williamsport, Md. Due to Due to	9. Sirthplace Williamsport, Md.s. (Town, county, and state)	Due to.
1D. Usual occupation Housewife Due to Roseway		Bue to Description
11. Industry or business Home	11. Industry or business Home	
12 Name Milton Norris Other conditions	# 12 Name Milton Norris	Other coadtilous
V 12 Birtheless Williamsnort, Md.	13. Birtholace Williamsport, Md.	
		(Include pregnancy within 3 months of death)
Major findings of operations.	E 14. Maiden name	Major findings of operations.
14. Malden name Mary Catherine Bovey 15. Birthplace Maryland (Include pregnancy within 3 months of death) Major findings of operations. Date of op.	15. Birthplace Maryland	Date of op.
16 Informant Newton K. Downs Authory results	16. Informant Newton K. Downs	Autopsy results
Address 25 E. Potomac St. Williamsport PHYSICIAN: Please underline the cause to which death should be charged statistically.	25 E. Potomac St. Williamsport	PHYSICIAN: Please underline the cause to which death should be charged statistically.
22 VIOLENCE: 11 death was due to external causes till in the following:		22. VIOLENCE: 11 death was due to external causes, fill in the following;
17. Burial Date thereof Sept. 1 1946 (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) Date thereof Sept. 1 1946 (Month) (day) (year) Date of Date of Sept. 1 1946 (Month) (day) (year)	17. Burlal Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Riverview Cemetery Where did Injury occur? (City ar town) (County) (State)		Where did Injury occur? (City or town) (County) (State)
Locallon Williamsport, Maryland Injured at home, farm, Industry, public place (where?)	Location Williamsport, Maryland	
18. Funeral director Edith V. Leaf. Means of Injury Injured at work?		Means of Injury Injured at work?
Williamsport, Maryland		Oson 4 1
23. SIGNATURE 100). Jennie M. D. or other	0. 1 m 6 4 Cm 991	23, SIGNATURE (M. D. C.
19 Delot 19 19 19 19 19 19 19 19 19 19 19 19 19	(Date rec'd by registrar) 19. Ho III. 6 Jee J. Chro	



PLEASE

of deceased is shown on 2411 N. Char	les St., Baltimore 930
FILM No. I O 7 OCT 15 1946 CERTIFICA	TE OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH: County Rashington City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 128 East Ave.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Washington State
How long In hospital or institution?	2.(a) It veteran, name war
Caroline M. Everly	3. (b) Social Security Number
Female S. Color or race 8.(a)Single. married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 4" August 15 46, at A.M
6.(b) Name of husband or wife Widow of Richard Everly 5.(c) It alive, give age year 7. Birth date of deceased (mo., day, yr.) August 20, 1869	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days It less than ooe day	Immediate cause of death
Maryland 8. Sirthplace	Due to Due to Other conditions. (Include pregnancy within 5 months of dasth)
14. Malden name	Major findings of operations
18. Informant Mrs. Helen Mc Carney	Antopsy results
Burial (Burial, cremation, or removal, Which?) Cametery or crematory Hagerstown Location	22. VIOLENCE: If death was due to esternal causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Fred W. Kraiss. Address Hagerstown, Md. 19. Aug. 19. 18. 4. 6. Chastt Bowers	Meene of injury injured at work? 23. SIDNATURE M. D. or other M. D. or other

IL Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0837330 Reg. Diat. No.

City or town(II How long in above pla Hospital, institution,	a shington agerstown f outside city or town liv ace of death? or street address where of a shington or institution?	St.	Chambersby (If outside city or town limit 169 East Qu	Franklin Irg, Penna. ta. write RURAL and give net teen, St.	
	John \	Wesley Eyer		3. (b) Social Security 190-01-53	397
4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married			MEDICAL C	, 1946 19 1:	50 P.
5.(b) Name of husband or wife Marion Jaretta Eyer 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Feb. 7, 1890				Lug 2 7 46	- 4 6 19
8. AGE: Yes 56	ars Months	Days If less I han one day	Immediate cause of death		DURATION
9. Birthplace	hamberbur (Town, Carpente	Penna. county, and state)	Due to Justin Jk	uff	ay 27 4
11. Industry or busin 12. Name		Eyer urg, Penna.	Dther conditions	-	
15. Birthplace		urg, Penna.	(Include pregnancy within 3 Major findings of operations		
	arion Ey ambersbur		Autopsy results PHYSICIAN: Please underline the canae to w 22. VIOLENCE: If death was due to externat ca	which death aboutd be charged	atatiatically.
		Date thereof Alg 29 19 (month) (day) (year) In Cemetery	Accident, suicide, or homicide	Date of(Conycy)	(State)
18. Funeral director	Paul	rg, Pennal Kraiss	Injured at home, farm, industry, public place (v	where?) Injured at work?	er green
	28 1946	1.0 110	23. SIDNATURE IN EU S	mf Bate signed	

AUG 30 1946 BUREAU V.E.

(Date rec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consense is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age.

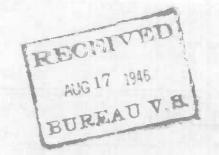
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



08374 Rog. Dist. No. 304

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	State Maryland county Washington
City or town Hancock (If-ontside city or town limits, write RURAL and give nearest	town)
How long in above place of death? 20 Years	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
Sophia Daisy Fait	h NONE
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divor	medical certification
Female White Married	20. DATE OF DEATH. AUGUST 12 19. 46 at 1; 15P m
8.(b) Name of httsband or wife Charles Faith	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	19. 10. 10.
7. Birth date of	years and that I last saw her allve on July 29 1946
deceased (mo., day, yr.) April 1 1873	Immediate cause of death
8. AGE: Years Months Days If less than one day	malignancy-colon- 3
73 4 11hrs	min.
Martinchurg W Va	my ocadin's with
9. Birthplace Martinsburg, W Va. (Town, county, and state)	Alusachial adhesions -
10. Usual occupationHome Work	Pun in
11. Industry or business	DB8 (0
	Other conditions. Lurse.
12. Name Denton Gehr La 13. Birthplace Martinsburg, W Va,	
	(Include pregnancy within 3 months of death)
14. Maiden name Not Known	Major findings of operations. Lune
14. Malden name	Date of op.
18 Informant Charles Faith	Autopsy results.
Address Hancock, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
A 1 A	22. VIOLENCE: if death was due to external causes, fill in the following:
17 Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	
Cemetery or crematoryGreen Way	
Location Berkeley Spring, W Va.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Snyder-Rowland	Moon of tolum
Address Han cock, Md.	O. O. Robert Coler
Aug 14 dl () Akt	23. SIGNATURE
19. (Data rec'd by registrar)	Registrar Address Clean April 5md. Date signed 8-14-46



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

			TE OF DEATH	Reg. Diat. No.	302
Hospital, institution, or street address who Weshington Coul. How long in hospital or institution?	own ilimits 4 gite in the death occurrently Ho	T Marie (1244) and give nearest town) spital ay	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington Hagerstown (If outside city or town limits, write RURAL and give nearest town) Pangborn Blvd. Street No. World War No. 1 2.(a) If veleran, name war.		
3. (a) FULL NAME	R. F	rank Garvin		3. (b) Social Security 220-05-673	
Male S. Color or race White		e, married, widowed, or divorced ried	MEDICAL C	LO 1946	EDT 12:55
G.(O) Name of musband of wife	ry Gar s.	vin c) If alive, give age 50 year	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19		19
8. AGE: Years Months	Days 7	If less than one dayhrsmin	acute cerebral	bb morrhage	20hr
Hagers town 9. 8irthplace Hagers town 10. Usual occupation Pape 11. Industry or business Self 12. Name William H		state) er in	Due to		
14. Malden name Laura Moore 15. BirthplaceGreen Spring Furnace Wash. Md.			(Include pregnancy within a		
18. Informant Mrs. Mary Address Hagers town	Garvin Md.		Antopsy results	which death should be charged	statistically.
Burial (Burial, cremation, or removal. Whice Cemetery or crematory. Rose	Date then	August 12, 19 (month) (day) (year) Cemetery	Accident, sulcide, or homicide	Date of	(State)
tocation Hagerston Scott F.		ch & Son	Injured at home, farm, industry, public place ((where?)	
Address Hagerst 19 Leagust / 2 1946	own M	id.	23. SIGNATURE LOCIES &	Wells in	S,

MARGIN RESERVED FOR BINDING

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RECEIVED

AUG 14 1946

BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 220)

CERTIFICATE OF DEATH

Reg. Dist. No. 362

1. PLACE OF DEATH:	2 LISUAL RESIDENCE (HOME) OF DECEASED:		
County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
7 G 12 G 17	State Penna County Franklin		
City or fown	City or town		
How long In above place of death?			
Hospital, Institution, or stroet address where death occurred:	Street Ho. R.R.3		
Washington Co. Hospital	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME MARGIE GRACE GOSSARD	3. (b) Social Security Number		
	MEDICAL CEPTIFICATION		
7, 40	MEDICAL CERTIFICATION		
F W Married	20. DATE OF DEATH. 2 19.76, at 2.75 A.M		
6.(b) Name of husband or wife David Gossard	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from		
	9/1 1942 10 8/2 10 4 k		
7. Birth dato of	and that I last saw h C. L. alivo on S. J		
doceased (mo., day, yr.) October 2, 1893	Immediate cause of death Dissert lengted DURATION		
8. AGE: Years Months Days If less than one day	miliary Tuberculosis 6 miles		
52 10 0hrsmin.			
. Buttersburg Md	Due to		
9. BirthplaceLeitersburg, Md. (Town, evality, and state)			
10. Usual occupation	Duo fo.		
11. Industry or business			
12 Name Daniel Baker	Diber conditions.		
13. Birthplaco Leitersburg, Md.			
Fannie Miner	(Include pregnancy within 3 months of death)		
	Major findings of operations		
2 15. Birthpleca Leitersburg, Md.	Pato of op.		
18. Informant David Gossard	Antopsy results. In Marin Market Marine		
Address Greencastle R.R.3	PHYSICIAN: Please underline the care to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) Date thereof Aug. 4 19.46 (year)	Accident, suicida, or homicide		
Cometery or Broadfording	Where did injury occur?		
Near Cearford	tnjured at home, farm, industry, public place (where?)		
Location Location	Heens of Injury Injured at work?		
18. Funeral director			
Address Greencastle, Penna.	nesseur		
Mes 11 11 Chartheniers	23. SIGNATURE		
19. (Date rect) by registrar) Registrar	Address Date signed 4/3/46		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bi-a

CERTIFICATE OF DEATH

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2	Diet.		5	1	2	
PAG.	Diat.	No.	~	0	~	

Te		
cor	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
The ribit	County	State Maryland County Washington
leg l	City or town	A Spall otalial
and	How long in above place of death? Death	(if outside city or the limits, write RUR) L and rive nearest town)
e s	Hospital, Institution, or street address where death occurred:	Street No. 26 6 90 Church street
	Land of the second	(If rural, give LOCATION)
tion 1 cl	How long in hospital or institution & Nature O	2.(a) If veteran, name war
information of death cle	3. (a) FULL NAME Caned Leonard	Grant 3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
em of	male Negro married	20, DATE DE DEATH . Ciac 10 1946 at Z1 A
+-	R (h) Name of husband or wife Lucy Grant	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
ery i	100	10 10 10 10 10 19 VE
(1)	7. 8 rth date of	and that I last saw h alive on Oct 10
ly ever	deceased (mo., day, yr.)	Immediato cause of death
Supply ease wr	701	my care with any
plea	10 6 12 min.	down in ocality
	9. Birthplace (Town, county, and state)	Que to
ADING INE Physicians:	10. Usual occupation. Laborer	77.71
NG	11. Industry or business	Due to.
Phy	Mila What	
TT.	12. Name. Spielmans Station md.	Dther conditions
WITH CAN	Manage Curchedi	(Include pregnancy within 3 months of death)
Hod	14. Maiden name	Major findings of operations.
WITH	2 15. Birthplace Spielmagus Statism, Md.	Date of op.
Y, Illy	16. Informant Mrs. Luly Market	Autopsy results
PLAINLY, is especially	Address 26 W. C Kulch St.	
AI	17 Burial Date thereof 8/13/46	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
PI is	(Burlal, cremation, or removal, Which?) Bate thereof. (month) (day) (year)	
TE	Cemetery or crematory	Where did injury occur?
/RI	Location Adjets Calle Ma.	injured at home, farm, industry, public place (whore?)
E .	18. Funeral director Milliam H Downey	Means of Injury Injured at work?
ASI	Address 241 A role of St Honer atown	12) vather.
EB.	1 12 111 m + +00 2	23. SIGNATURE M. D
4	(Date ree'd by registrar)	Address facon Date signeday 10. 4

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PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/-0

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Reg. Diat. No. 302

1. PLACE OF DEATH: Washingtow	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant, give residence of mother)
City or town	State / naryland County Washington
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death pocured:	Street No. (If rural, give LOCATION)
How long In hospital or instityting. 3 Says	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Julia Pross	214-096467
4. Sex 5. Color of race 6.(a) 9 mg/le, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale liego Deugle	20. DATE OF DEATH 15 Cing 19.46 21 / 2.25-8
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date bore stated; that I attended deceased from
	19 10 19
7. Birth date of deceased (mo., day, yr.)	aed that f last saw h
8. AGE: Years Months Days It less than one day	Immedia cause of death DURATION
43min.	sel dual mist menercal 3 days
9. Birtholace Burketteville, md.	Que la Ades De Sprouve Carlis
(Town, county, and state)	Perate rend alsone
10. Usual occupation. No medice	Oue to
11. Industry or business	
E 12. Name Clarence Graso	Other conditions
13. Birthplace Burkittapille, Md.	
	(Include pregnancy within 3 months of death)
14. Maiden name Retta Janes 15. Birthplace Burkittsnille, md.	Major findings of operations.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date of op.
16. Informant Compared States	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 6 hurch sheet	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17 Burial Date thereof 8 /18/246	Accident, suicide, or homicide
(Burial, cremation, or remove). Which?)	Modernity address of the management
Cemetery or crematory.	Where did Injury occur?
Location Hayers Course Mai C	Injured at home, farm, industry, public place (where?)
18. Funeral director William & Wowners	Means of Injury Injured at work?
Address 291 Frederick st.	23. SIGNATURE (/w.). Sayman, m.D.
Sug. M. 46 Chart Bowers,	13. Signature M. D. or other
(Date reg'd by registrar) Registrar	Address DO Inglessen de La Date signet C

AUG 20 1946
BUREAU V S.

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

WRITE

PLEASE

A15 VS

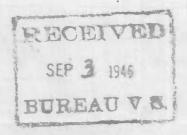
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 924

CERTIFICATE OF DEATH

08379

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Washington	Namel Wachiterton
City or town	Alatic
How long in above place of death? 13 Years	City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 222 So. Potomac St.
222 South Potomac St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Iowa A. Hahn	None
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION A
Female White Widow	20. DATE OF DEATH
6.(b) Name of husband or wife. I saac L.	21. I CERTIFY that death occurred on the data above stated; that Lattended deceased from
.6.(c) If alive, give age	1928, 10 209, 31, 194
T. Birth date of	and that I last saw h. A alive on
deceased (mo., day, yr.) September 23 1860 8. AGE: Years Months Days If less than one day	Immediate cause of death
o, non.	Chilerencom 10 ff. f
85 11 8hrsmin.	See to a Breakful
9. Birthpiece Sabillasville Frederick Co. M	Que to.
10. Usual occupation. Housewife	100 for files
	Due to.
11. Industry or business Own Home	
E 12. name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Largaret McClain	Major findings of operations 200
14. Maiden name Margaret McClain 15. Birthplace Sabillasville Md.	Date of op.
16 Informant Miss Dora G. Hahn	Autopsy results.
Address Hagerstown Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the following;
Burial Date thereof 9/3/46 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cenetery	Whera did Injury occur?
Hagerstown Md.	Injured at home, farm, Industry, public place (where?)
Andrew V Coffuen	Maans of injury Injured at work?
Harratown Md	1, 1/2 Jungal
Address Hagers town Mada	23. SIGNATURE M. D. or other
19. Cleg. 3/ 1946 phast toward	Lesgenteren, Mell and 21V
(Date rec/d by registrar) Registrar	Address Date signed



MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

204 (18381) Reg. Dist. No. 352

1. PLACE OF D	THE - T	ningt	on	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
City or townHa (1) How long in above pla Hospital, institution, 430 Eas	gerstown.	10 ye. death occurre ton S	land RURAL and give nearest town) ars d: treet	State. Maryland County. Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 430 East Washington Street (If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NA		B. Ha	rbaugh		3. (b) Social Security Number 2 14-09-3376	
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White		arried	20. DATE OF DEATH Queg. 10,	/,	
		6.((c) If alive, give age6Qyears	21. I CERTIFY that death occurred on the date above	25 to aug. 10. 19/90 aug. 91 19/6	
	ars Months	Days		Immediate cause of death	elores 4 all	
59	4 27		hrsmin.	Cale la lala de	2 4.11/24	
10. Usual occupatio	ess Federal	eaver Silk	Mill	Due to.	Brown Feb. 192	
12. Name	Colina de			Other conditions		
		. Har	e, Maryland	(Include pregnancy within 3 me		
14. Maiden nam	Sabilla		e. Maryland	Major findings of operations 2004		
	rs. Paul			Autopsy results. Hour		
Address	Hagersto			PHYSICIAN: Please underline the cause to whi	ch death shootd be charged statistically.	
	al		reof 8-12-46 (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of	
	atory Rose H			Where did injury occur?(City or town)	(County) (State)	
	gerstown,			tnjured at home, farm, Industry, public place (whe		
	C. M. S			Means of Injury	Injured at work?	
	agerstown			10. Hovaro	reages	
19 Augus	1 12 19 4 6	Mar	garet B. Bours	23. SIGNATURE Address ()	M. D. or other Date signed Aug. 10, 44	

RECTAUGIA 1946
BUREAU

CERTIFICATE OF DEATH

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TIT		

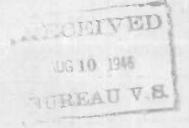
Reg. Dist. No. 302

1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) OF	DECEASED:	
County	Committee of the commit	TWILLWF	***		Washing to	n
City or town				Hararatom	m	
How long in above place of	death?	Wee	KS	City or town (If outside city or town limits	write RURAL and give nea	rest town)
tinabital inaritation of or			Hospital	Street No. 211 East Ba	Atimore Str	eet
			eks	2.(a) It veteran, name war		
3. (a) FULL NAME				1 2(-) (1 700-21, 11210-1121)	3. (b) Social Security	
J. (a) 1 0 22 171112	Too	T O	. Uo mm		None	
4. Sex	5. Color or race	6.(a)Single	Harr e. married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White		Married	20, DATE OF DEATH August		at 12:30
6.(b) Name of husband or		Cora	E	22a I CERTIFY that death occurred on the date abo	re stated; Ihat I atlended dece	ased from
6.(0) Name of husband or	wite		56	July 14. 18.	46, to aug	7 19 46
7. Birth date of	Tana	0 700	e) If alive, give ageyears	and that last saw harman alive on On		19.44.6
deceased (mo., day, yr.) 8. AGE: Years	June	Days	It less than one day	Immediate cause of death		DURATION
66	1	28	hrsmin.	Chr. myocarditi	S	Syrs
a Plotheless Cl	earsorin	g Was	h. Co. Md.	Due to coronary arteri	osclerosis	5yrs
5. Dirinplace				Benign prostati	c hypertrop	hy layr
10. Usual occupation			Retired	acute ventricula	- Cib-illat	
11. Industry or business			Rail Road	acute ventricula	r 110r111ac	lon
12. Name				Dther conditions	***************************************	
			Maryland	(Include preggancy within 8 n	nonths of death)	
t4. Maiden name	Lucy My	ers		Major findings of uperations	el.	
15. Birthplace	Clearsp	ring,	Maryland			
16. Intermant	Mrs. Cor	a E,	Harrr	Autopsy results		
Address	Hagerst	own, M	aryland			Statisticady.
17. Buria.	or removal, Which?)	Date ther	(month) (day) (year)	22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide		*****************
Cemetery or crematory	Littl	e Ros	se Hill Cem.	Where did injury occur?(City or town)	(County)	(State)
Location Ne	ar Clear	spri	ng, Md.	Injured at home, tarm, Industry, public place (wh	ere?)	***********
		_	ffman	Means of Injury	Injured at work?	
The state of the s			Maryland.	- A Charling of Wohn	& Wells	M. J.
alug. 8	7, 1946		Ess HBowers	23. SIGNATURE	7. / M. D.	or-other
(Date red d by regi	strar)		Registrar	Address	- Date signed	

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

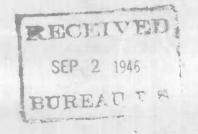
2411 N. Charles St., Baltimore 466

08382

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wash ngton	(For newborn infants give residence of mother) State Maryland County Washington
City or town	THE RESIDENCE OF THE PARTY OF T
How long in above place of death? 15 Years	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death	1777 Vincinia Ava
llll Virginia Ave	(If rural, give LOCATION)
How long in hospital or institution? None	2.(a) If veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
Charles Haller Hess, (houles H	allos Hess None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
White Single	20. DATE DF DEATH August 27 1946 19 21 5 P
6.(b) Name of husband or wife None	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Coford 1 15% 10 Con 27 566
7. Birth date of	and that I last sombot alive on and 27-46 19
deceased (mo., day, yr.) February 11 1882	Immediate cause of death
8. AGE: Years Months Days If less than one day	
64 64 6 16min.	Cycinia Shawh 6 min
9. Birthpiace Duicksburg Shenandoah Co. Va.	Due to
(Town, county, and state) 10 Heyal occupation Shoe Repair Man	
10. Usual occupation.	Due to
11. Industry or business	
12. Name. John B. Hess 13. Birthplace Gettysburg Pa.	Dther conditions
13. Birthplace Gettysburg Pa.	
	(Include pregnancy within 3 months of death)
II E	Major fieddiogs of operations
	Date of op
16. Informant Mrs. Charles E. Jones	Actopsy results.
Address Hagerstown Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0/70/10	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Burial Bartal	Accident, suicide, or homicide
Cemetery or crematory Rest Haven Cemetery	Whera did injury occur?
Hagerstown Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Andrew K. Coffman	Means of injury lojured at work?
Address Hagerstown Md.	5 018
ADDIESS FLOGUES OF A A A A	23. SIGNATURE M. D. or other
19. Lucy 3.8 1946 Phosoff Joceph Registrar Registrar	Address Date signed The figure



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-9

CERTIFICATE OF DEATH

(18383 0 6 Reg. Dist. No. 306

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mal County (Mashington
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write http://www.and.give.nesrest town)
Hospital, Institution, or street address where death occurred:	Street No.
N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Walter O Him	3. (b) Social Security Number 216-14-6-308
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. $W.$ $m.$	20. DATE OF DEATH. Care 2 2 5 19.44 at 5.30 M
Pay Free Hims	21.1 CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife.	19.4 C, 10. Mary and Course of the course of
7. Birth date of	and that I jot salv h
deceased (mo., day, yr.) May 12, 1882	Immediate cause of death DURALION
8. AGE: Years Months Days It tess than one day	Cirebral V/ Emorling 24 hrs
64 3 16hrsmin.	14 12
8. Birthpiace Howille md.	Due to intario - a charació 7 mas
(Town, county, and state)	
10. Usual occupation. A anti-	Due to.
11. Industry or husiness	
E 12. Name Daziel V. Hines	Other conditions
13. Birthplace Fred. Co., md.	(Include pregnancy within 3 months of death)
14. Malden name Designation Brown	Major findings of operations.
15. Birthplace Flech Co. md.	Date of on.
16 Interment Mrs. Com Himes!	Autopsy results
Address Smith L. md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, eremation, or removal, Which?) Date thereot. (medich) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Smithshing Cemetery	Where did injury occur?
11 Stal	Injured at home, farm, Industry, public place (where?)
Location 21) alter y Harris	Means of injury Injured at work?
18. Funeral director Waller G. Troope	
Address Wayneshows Ja.	a constiller & G H relies
19. ass 9 3 19 4 6 (See It Tradition	23. SIGNATURE M. D. or other

SEP 6 1946
BUREAU V

STATE OF THE PERSON AND A PROPERTY OF THE PERSON AND A P

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

08384 Reg. Dist. No..

302

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
			•••••••••••••••••••••••••••••••••••••••	state laryland caucty Vashingt	ton
City or town(If ou	tside city or town lin	nits, write l	RURAL and give nearest town)	Hyperstown	***************************************
How long in above place of	f death?	2 Yes	ars	City or town H-gerstown (If outside city or town limits, write RURAL and give ne	arest town)
unshirmi institution, or a	HEEL MANIESS MILCIE A	Cath oceanto	··	Street No. 326 North Cannon Ave	*******
			3	(If rural, give LOCATION)	
How long in hospital or	nstitution?	None	***************************************	2.(a) If veieran, name war	
3. (a) FULL NAME				3. (b) Social Security	Number
Frederic	k Thomas	Hose		None	
4. Sex	5. Color or race	6.(a)Sing	a, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	1	Vidower	2D, DATE OF DEATH AUgust 8 1946 19	, a 1 A M
6.(b) Name of husband o	r wite. Lea	tha I	I.	21. I CERTIFY that death occurred on the date above stated; that I attended dece	
		6.(c) If alive, give ageyears	July 26, 1946 19 10 August 2 1946	197.9
7. Birth date of deceased (mo., day, yr	Januar	v 4 1	872		19
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	
74	7	4	hrs min.		. IO days
9. BirthplaceHa	gerstown	Wash	Co. Md.	Oue to	
1D. Usual occupation	Mechanic	county, and	atired		
	Ann de co	ohile		Due to	
11. Industry or business					
				Dther conditions	
	gerstown			(Include pregnancy within 3 months of death)	
至 14. Maiden name	Mary B	urkha	rt	Major findings of operations.	
LO W 15 Rirthniace	Hagerato	wn Ma	1.	Major hadings of operations	
14. Maiden name 15. Birthplace	e Herry	Hahr	1	Autopsy results.	
To, informant	.m.,		**	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
	Hagersto		0/20/40	22. VIOLENCE: if death was due to external causes, fill in the following:	
Burial (Burial, cremation, or removal, Which?) Bate thereof 8/10/46 (month) (day) (year)				Accident, sulcide, or homicide	
(Burial, cremation, or removal, Which!) (month) (usy) (year)				Where did injury occur?	
Cemetery or crematory Rose Hill Cemetery Hagerstown Md.					
Location	Hagersto	wn Mc	l.e	Injured at home, farm, Industry, public place (where?)	000000000000000000000000000000000000000
1B. Funeral director	Andrew K	. Coi	fman	Meana of injury Injured at work?	
Address	Hagerst			1875/4.2 M D	
Tue	0 111	Ac.	La all Barners N	23. SIGNATURE	or other
19. (Date rec's by reg	istrar) 19	40	Registrar	Address 148 W. Washington St. Date signed	8/.9/.46



PLEASE

VS A15

The correct age legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Dr. Victor Miller U838.) Reg. Dist. No. 302

1. PLACE OF DEAT	H: Washi	neton		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)	
County	The second secon	######################################	1444	State Maryland County Was	ington
Cily or town(If outs	ide city or town lin	ratow oits, write R	URAL and give nearest town)		
Now long in shore place of	death? 5	Years		City or town	and give neurest town)
Hospital, Institution, or str	eet address where d	eath occurred		Street No. 216 South Prosp	
316	South P	rospe	ct Street	(If rural, give LOCATION)	7
How long in hospital or ins	titution?	None		2.(a) If veteran, name wer	,
3. (a) FULL NAME					I Security Number
J. (G) I OLL IVIII	~	- CT-1			-09-4916
	George	Shaf	er Jones		
4. Sex 5	, Color or race	6.(4) Single	, married, widowed, or diforced	MEDICAL CERTIFICA	
Male	White		Married	20. DATE DF DEATH August 6,	19. 46 ,at 3: 30A
	D.	ary M		21. I CERTIFY that death occurred on the date above stated; that	
6.(b) Name of husband or	W116			Que 6 1996 10 C	EU 6 19 16
7. Birth date of		6.(6) If alive, give ageyears	and that I last saw h	D 19 9 5
deceased (mo., day, yr.)	Dec.	25,1	888	Immediate cause of death.	
8. AGE: Years	Months	Days	If less than one day	,	20
57	7	11	hrsmin.	Comer action	o wir.
9. Birthplace Ste	llton.	Daup	hin Co. Penna	Dya-to.	July .
	(Town, c	ounty, and a	tate)	(Le Jamoleers	
1D. Usual occupation	Pain	ter	***************************************	Due to	
11. Industry or business	Autom	obile			
H 12. Name J	ohn W.	Jones		Other conditions	
	agnolia				
				(Include pregnancy within 3 months of death)	
王 14. Malden name			mell	Major findings of operations	
14. Malden name	Magmol	ia,	Maryland	Date	
	rs. Mar	y 14.	Jones	Autopsy results	***************************************
Address	Hagers			PHYSICIAN: Please underline the cause to which death should	he charged statistically.
D 1-3			1 1	22. VIOLENCE: If death was due to external causes, fill in the fo	lowing;
Burial (Burial, cremation, or	removal. Which?)	Date there	8/8/46 (month) (day) (year)	Accident, suicide, or homicide	Date of
O	Rose		Cemetery	Where did Injury occur?	(Stota)
				Injured at home, farm, Industry, public place (where?)	
			n, Maryland,	- (^).	at work?
18. Funeral director	Andre	w K.	Coffman	Means of Injury Injured	a) nv(h)
Address	Hager	stown	. Maryland.	1 100	hen
Rug 6.	111	64	astt Backess!	23. SIGNATURE	M. D.
(Date rec'd by regist	19		Registrar	Add to Centario	Date signed

RECEIVED AUG 10 1946 BURNALL 5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

()8386 Reg. Diat. No. 352

I. PLACE OF DEATH: County Washington				
City or town. Hagerstown How long in above place of death? Lite	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Hagerstown How long in above place of death? LITE (If outside edty or town limits, write NUKAL and give nearest town) How long in above place of death? LITE (If outside edty or town limits, write NUKAL and give nearest town) How long in above place of death? LITE (If outside edty or town limits, write NUKAL and give nearest town) How long in bospital or institution? Street No. 129 West Washington Street (If outside edty or town limits, write NUKAL and give nearest town) Street No. 129 West Washington Street (If outside edty or town limits, write NUKAL and give nearest town) Street No. 129 West Washington Street (If outside edty or town limits, write NUKAL and give nearest town) Street No. 129 West Washington Street (If outside edty or town limits, write NUKAL and give nearest town) Street No. 129 West Washington Street (If outside edty or town limits, write NUKAL and give nearest town) Street No. 129 West Washington Street (If outside edty or town limits, write NUKAL and give nearest town) Street No. 129 West Washington Street (If outside edty or town limits, write NUKAL and give nearest town) Street No. 129 West Washington Street (If outside edty or town limits, write NUKAL and give nearest town) Street No. 129 West Washington Street (If outside edty or town limits, write NUKAL and give nearest town) Street No. 129 West Washington Street (If outside edty or town limits, write NUKAL and give nearest town) Street No. 129 West Washington Street (If outside edty or town limits, write NUKAL and give nearest town) Street No. 129 West Washington Street (If outside edty or town limits, write NUKAL and give nearest town) Street No. 129 West Washington Street (If outside edty or town limits, write NUKAL and give nearest town) Street No. 129 West Washington Street (If outside edty or town limits, write Nukal and give nearest town) Street No. 129 West Washington Street (If outside edty or town limits, write Nukal and Street Nukal and Street Nukal and Street Nukal and S	County			
Row long in above place of death? Life Rospial, institution, or street address where death occurred: 129 West Washington Street Row long in hospital or institution? 2.(a) If referan, name war. 2.(b) If referan, name war. 2.(c) If referan, name war. 2.(d) If referan, name war. 2.(e) If referan name war. 2.(e) If ref	City or town			
Note	How long in above place of death? Life			
Row long in hospital or institution? 3. (a) FULL NAME Clarence Keedy S. Soler or race B. (a) Single married, widowed, or divorced Male White Single S. (b) Name of husband or wife Single S. (c) If alive, give age. T. Birth date of deceased (mo., day, yr.) May 17, 1878 8. AGE: Year: Month: GROWN, county, and state Town, county, and state Town, county, and state Town, county, and state The state of the	Hospital, Institution, or street address where death occurred:	Street No. 129 West Washington Street		
3. (a) FULL NAME Clarence Keedy 4. Sex		(If rural, give LOCATION)		
Clarence Keedy 4. Ser 4. Ser 5. Color or race Male White Single 20. Date DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18. AGE: Years 68 3 2 If less than one day 68 3 2 If less than one day 7. Birth place. Hagerstown, Wash. Co. Md. 10. Usual occupation. Insurance Broker 11. Industry or business Clarence Keedy & Co. 22. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		2.(a) If veteran, name war		
A. Sex 5. Color or race 8.(a) Single married, widowed, or divorced MEDICAL CERTIFICATION Male White Single 8.(b) Name of husband or wife 19.	3. (a) FULL NAME	3. (b) Social Security Number		
Male White Single 8.(6) Name of husband or wife. 1. Birth date of deceased (mo., day, yr.) May 17, 1878 8. AGE: Years Months Days If less than one day 68 3 2 hrs. 9. Birthplace Hagerstown, Wash. Co. Md. (Town, county, and state) 10. Usual occupation. Insurance Broker 11. Industry or business Charence Keedy & Co. 22. Vibrance Hagerstown, Maryland 23. Date of Death. 14. Maiden name Julia Lane 15. Birthplace Hagerstown, Maryland 16. Informant Mrs. H. H. Keedy, Jr. Address Hagerstown, Maryland 16. Informant Mrs. H. H. Keedy Jr. Address Hagerstown, Maryland 22. Violence: If death was due to external causes, fill in the tollowing:	Clarence Keedy			
8.(b) Name of husband or wife 5.(c) If alive, give age years deceased (mo., day, yr.) May 17, 1878 8. AGE: Years Months Days If less than one day 68 3 2 hrs. min. 9. Birthplace Hagerstown, Wash. Co. Md. 10. Usual occupation. Insurance Broker 11. Industry or business Charence Keedy & Co. 11. Industry or business Charence Keedy & Co. 12. Immediate cause of death. DURATION Due to. 13. Birthplace Hagerstown, Maryland 14. Maiden name Julia Lane 15. Informant Mrs. H. Keedy, Jr. Address Hagerstown, Maryland 16. Informant Mrs. H. Keedy, Jr. Address Hagerstown, Maryland 21. I CERTIFY that death occurred on the date above stated, that I sittended deceased from 19. 19. and that I last saw h alive on C. J. J. S. Immediate cause of death. DURATION Due to. 11. Industry or business Charence Keedy & Co. 11. Industry or business Charence Keedy & Co. 12. I CERTIFY that death occurred on the date above stated, that I sittended deceased from 19. 18. Immediate cause of death. Due to. 19. Immediate cause of death. Due to. 11. Industry or business Charence Keedy & Co. 11. Industry or business Charence Keedy & Co. 12. I CERTIFY that death occurred on the date above stated, that I sittended deceased trom 19. 18. Immediate cause of death. Due to. 19. Immediate cause of death. Due to. 11. Industry or business Charence Keedy & Co. May 12. Name Henry H. Keedy 13. Birthplace Hagerstown, Maryland (Include prognancy within 8 months of death) Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:	4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
8.(b) Name of husband or wife 1. Birth date of deceased (mo, day, yr.) May 17, 1878 8. AGE: Years Months Days If less than one day 68 3 2 hrs. min. 9. Birthplace. Hagerstown, Wash. Co. Md. (Town, county, and state) 10. Usual occupation. Insurance Broker 11. Industry or business Charence Keedy & Co. 12. Hame. Henry H. Keedy 13. Birthplace Hagerstown, Maryland 14. Maiden name Julia Lane 15. Birthplace Hagerstown, Maryland 16. Informant. Mrs. H. H. Keedy, Jr. Address Hagerstown, Maryland 16. Informant. Mrs. H. H. Keedy, Jr. Address Hagerstown, Maryland 21. I CERTIFY that death occurred on the date above stated, that I sittended deceased from 19. 19. and that I last saw h. alife on C. I want to be death. It is made that I last saw h. and	Male White Single	20 DATE DE DEATH 6-19-46 19 1/353		
1. Birth date of deceased (mo. day, yr.) May 17, 1878 8. AGE: Years Months Days If less than one day 68 3 2 If less than one day 10. Usual occupation. Insurance Broker 11. Industry or business Clearence Keedy & Co. 12. Name. Henry H. Keedy 13. Birthplace Hagerstown, Maryland 14. Maiden name Julia Lane 15. Birthplace Hagerstown, Maryland 16. Informant. Mrs. H. H. Keedy, Jr. Address Hagerstown, Maryland 16. Informant. Mrs. H. H. Keedy, Jr. Address Hagerstown, Maryland 22. VIOLENCE: If death was due to external causes, fill in the tollowing:				
T. Birth date of deceased (mo., day, yr.) May 17, 1878 May 17, 1878 Immediate cause of death DURATION		A-18 46 19 B-19-46 19		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 68 3 2 If less than one day 9. Birthplace Hagerstown, Wash. Co. Md. (Town, county, and state) 10. Usual occupation. Insurance Broker 11. Industry or business Clarence Keedy & Co. 12. Name Henry H. Keedy 13. Birthplace Hagerstown, Maryland 14. Maiden name Julia Lane 15. Birthplace Hagerstown, Maryland 16. Informant Mrs. H. H. Keedy, Jr. Address Hagerstown, Maryland 16. Informant Mrs. H. H. Keedy, Jr. Address Hagerstown, Maryland 17. Maryland 18. Informant Mrs. H. H. Keedy, Jr. Address Hagerstown, Maryland 19. 22. 46		5 16 - 11		
8. AGE: Years 68 3 2 If less than one day 68 68 3 2 If less than one day 68 68 3 2 If less than one day 68 68 3 2 If less than one day 68 68 3 2 If less than one day 69 68 68 3 2 If less than one day 69 68 68 3 2 If less than one day 69 68 68 3 2 If less than one day 69 68 68 3 2 If less than one day 69 68 68 3 2 If less than one day 69 68 68 3 2 If less than one day 69 68 68 68 68 68 68 68 68 68 68 68 68 68	deceased (mo., day, yr.) Way 17, 1010	Immediate cause of death		
9. BirthplaceHagerstown. Wash. Co. Md. 10. Usual occupation Insurance Broker 11. Industry or business Charence Keedy & Co. 11. Industry or business Charence Keedy & Co. 12. Name. Henry H. Keedy 13. Birthplace Hagerstown, Maryland 14. Malden name Julia Lane 15. Birthplace Hagerstown, Maryland 16. Informant Mrs. H. H. Keedy, Jr. Address Hagerstown, Maryland 16. Informant Mrs. H. H. Keedy, Jr. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing:	O. AUL.			
10. Usual occupation. Insurance Broker 11. Industry or business Clarence Keedy & Co. 12. Name. Henry H. Keedy Other conditions 13. Birthplace Hagerstown, Maryland (Include pregnancy within 8 months of death) 14. Maiden name. Julia Lane Major findings of operations. 15. Birthplace Hagerstown, Maryland Date of op. 16. Informant. Mrs. H. H. Keedy, Jr. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 16. Informant. Mrs. H. H. Keedy, Jr. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing:	58 3 2hrsmin.	Growy Throlin 1/2 Francis		
10. Usual occupation. Insurance Broker 11. Industry or business Clarence Keedy & Co. 12. Name Henry H. Keedy Other conditions 13. Birthplace Hagerstown, Maryland (Include pregnancy within 8 months of death) 14. Maiden name Julia Lane (Include pregnancy within 8 months of death) 15. Birthplace Hagerstown, Maryland Date of op. 16. Informant Mrs. H. H. Keedy, Jr. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 16. Informant Mrs. H. H. Keedy, Jr. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 17. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 18. Informant Mrs. H. H. Keedy, Jr. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 18. Informant Mrs. H. H. Keedy, Jr. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 19. Informant Mrs. H. H. Keedy, Jr. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 19. Informant Mrs. H. H. Keedy, Jr. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 19. Informant Mrs. H. H. Keedy Mrs. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 19. Informant Mrs. H. H. Keedy Mrs. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 19. Informant Mrs. H. H. Keedy Mrs. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 19. Information Mrs. H. H. Keedy Mrs. Autopsy results. PHYSICIAN: PHYSICIAN	Hagerstown Wash. Co. Md.	Due to.		
10. Usual occupation. Insurance Broker 11. Industry or business Charence Keedy & Co. 12. Name. Henry H. Keedy Other conditions.	(Town, county, and state)	Maria de Carriel		
12. Name. Henry H. Keedy 13. Birthplace Hagerstown, Maryland 14. Malden name. Julia Lane 15. Birthplace Hagerstown, Maryland 16. Informant. Mrs. H. H. Keedy, Jr. Address Hagerstown, Maryland 18. Hagerstown, Maryland 19. Page 46 20. Page 46 Other conditions (Include pregnancy within 8 months of death) Major findings of operations. Physician: Please underline the cause to which death should be charged statistically. 21. VIOLENCE: If death was due to external causes, fill in the following:	10. Usual occupation Insurance Broker	Due to		
12. Name. Henry H. Keedy 13. Birthplace Hagerstown, Maryland 14. Malden name. Julia Lane 15. Birthplace Hagerstown, Maryland 16. Informant. Mrs. H. H. Keedy, Jr. Address Hagerstown, Maryland 18. Hagerstown, Maryland 19. Page 46 20. Page 46 Other conditions (Include pregnancy within 8 months of death) Major findings of operations. Physician: Please underline the cause to which death should be charged statistically. 21. VIOLENCE: If death was due to external causes, fill in the following:	11. Industry or business Charence Keedy & Co.			
13. Birthplace Hagerstown, Maryland (Include pregnancy within 8 months of death)	Henry H. Keedy	Other conditions		
14. Maiden name Julia Lane 15. Birthplace Hagerstown, Maryland 16. Informant Mrs. H. H. Keedy, Jr. Address Hagerstown, Maryland Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing:	13 Birthplace Hagerstown, Maryland			
Address Hagerstown, Maryland 22. VIOLENCE: If death was due to external causes, fill in the tollowing:	Tulia Lane			
Address Hagerstown, Maryland 22. VIOLENCE: If death was due to external causes, fill in the tollowing:	14. Maiden name	Major findings of operations.		
Address Hagerstown, Maryland 22. VIOLENCE: If death was due to external causes, fill in the tollowing:	≥ 15. Birthplace Hagerstown, Maryland	Date of op		
Address Hagerstown, Maryland 22. VIOLENCE: If death was due to external causes, fill in the tollowing:	16. Informant Mrs. H. H. Keedy, Jr.	Autopsy results		
22. VIOLENCE: If death was due to external causes, till in the tollowing;				
	0 03 46			
(Buriat, Cremation, of Temoval, Which) (Month) (May) (3 041)	(Burist, Clemation, of lemoval, Which;)	Accident, suicide, or homicide		
Cemetery or crematery Rose Hill Cemetery Whera did injury occur?	Cemetery or crematory Rose Hill Cemetery	Whera did injury occur?		
Location Hagerstown, Maryland Injured at home, farm, industry, public place (where?)	Hagerstown, Maryland			
18. Funeral director C. M. Suter & Sons Means ot injury Injured at work?	18 Eugenel director C. M. Suter & Sons	Means of injury Injured at work?		
Address Hagerstown, Maryland	Address Hagerstown, Maryland	Ph/D. H		
23. SIGNATURE. M. D.	a well the the word	M. D. 9		
(Date rec'd/by registrar) Registrar Registrar	19. (Data registrar) Registrar	Bloom Bate signed 19/46		



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MARYLAND STATE DEPARTMENT OF HEALTH

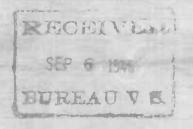
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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Keg.	Diat.	INO. Tri		

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or fown. (If outside city or town limits, wright (IRAL find give placest town)	State Maryland court days gon
How long in above place of death?	City or tawn
Nospital, institution, or street address where death occurred:	Street No. 22000 # 44
	(If rurat, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sorate Elen Allney	
4. Sex 5. Color or race 6.(a) Single, married, widgied, of divorced	MEDICAL CERTIFICATION
+ male W. Widowed.	20. DATE OF DEATH LLE GUS T 1976, 21 1/5 M
8.(b) Name of husband or wife James & Reeney	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
6.(c) If alive, give ageyears	19.76, 10. 11.19.
7. Birth date of deceased (mo., day, yr.) Jan 5 1856	and that I last can be M. A. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
90 7 /12hrsmin.	Jaojaly J
9. Sirthplace Frederick County	Due to this of the
(Town, county, and state)	Cardeo Was alar Reval Dreese Viges.
10. Usual occupation.	Due to.
11. Industry or business	3.01.0
12. Name Skhren Sadinger	Other conditions
	(luclude pregnancy within 8 months of death)
14. Malden name May Ann Affrasse 15. Birthplace Frederich Commy	Major findings of operationa Moul
15. Birthplace & Malrich Houng	Date of op.
18. Informant Depute & Least of	Autopsy results
Address shar placing.	22. V10LENCE: If death was due to external causes, fill in the following-
11. Burial, eremation, or removal, Whighi) (Burial, eremation, or removal, Whighi) (mprch) (day) (yesr)	Accident, suicide, or homicide
Cemetery or crematory 030001414	Where did injury occur? (City or town) (County) (State)
1 1000 May 10/0/11/80 MM	Injured at home, farm, industry, public place (where?)
Location All Light Co. 2 d. b. Francisco	Means of Injury Injured et work?
18. Funeral streeter	land Les
Address //	23. SIGNATURE Allesta Topomies
19 Cug 20 1946 Ely 3040c (Dste rec'd by registrar) Registrar	P. /11: Via a displant Vid
(Date rec'd by registrar) Registrar	Address Date signed



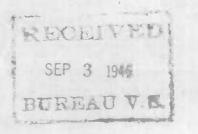
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 92-8

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Reg.	Diat.	No.		W	Fa

CERTIFICAT	TE OF DEATH Rog. Diat. No. 302
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 18 Broadway (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Edith Brown Keller 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	, 50
Female White Married	2D, DATE DF DEATH Cing 3 1 19 1/2 at 14 1 M
6.(b) Name of husband or wite C. Harry 6.(c) If allve, give age 81 years 7. Birth date of deceased (mo., day, yr.) 1. A. r. ch 7 1864	21. I CERTIFY that death occurred on the data above stated: that Lattended deceased from Marc / 19 4 5 to 2 3 / 19 4 6 and that I last saw h 21 allve on 19 4 5
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediais cause of death
o. Adl.	
82 4 24hrsmin.	@ mitral valve disease 6 ps
9. Birthplace Spice Creek Huntingdon Co. Pa. (Town, county, and state)	Due to.
1D. Usual occupation Housewife	Due to.
11. Industry or business Own Home	000 10
	Other conditions
12. Name Benj Franklin Brown 13. Birtholace Huntingdon Pa.	Uner conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Martha Steward 15. Birthplace Huntingdon Pa.	Major findings of operations
15. Birthplace Huntingdon Pa.	Date of op.
16 Interment Mr. C . Harry Keller	Antopsy results
TT N 3	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hagers town Mc. Burial Pole thornel 9/2/46	22. VIOLENCE: if death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	Whera did Injury occur?
Hagerstown Md	
location	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Andrew K. Coffman	Msans of Injury Injured at work?
Address Hagerstown Ld.	13 SIGNATURE Notest 1. Courad, M.D.
Aug. 31. 46 Chast Brevers	M. D. or other
(Date rec'd by registrar) Registrar	Address V tagers lover, Md. Date signed 8.31-46



every item of information carefully. The cite the causes of death clearly and legibly.

Physicians: please

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47.d)

		CERTIFICA	ATE OF DEATH	Reg. Diat. No. 303
1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County. Washington City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 941 Forrest Drive (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL N		Negley Loose		3. (b) Social Security Number 2/4-09-346
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	20. DATE OF DEATH Que 15	ERTIFICATION
6.(b) Name of hus	band or wifePhyl	56	21. I CERTII'Y that death occurred on the date ab	ove stated; that I attended deceased from

6.(b) Name of	husband or w	ifePhyl	lis L	oose
				(c) It alive, give age 56 years
7. Birth date o deceased (n		June		879
8. AGE:	Years	Months	Days	It less than one day
	67	2	4	hrs,min.
9. Birthplace.	Hage	rstown	, county, and	h. Co. Md.

EXECUTIVE 1D. Usual occupation..... 11. Industry or business Tri-State Electric Co. 12. Name Samuel B. Loose Hagerstown, Maryland 13. Birthplace 14. Maiden name Rose Negley 15. Birthplace Hagerstown, Maryland Mrs. Samuel N. Loose Address Hagerstown, Maryland 8-17-46 17 Burial (Burial, eremation, or removal. Which?) Date thereof.... (month) (day) (year) Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland 18. Funeral director C. M. Suter & Sons Address Hagerstown, Maryland

and that I last saw h. Ann.....ailve on DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide..... Where did injury occur? (City or town)

Injured at home, tarm, Industry, public place (where?)

Injured at work? Means of Injury

(Connty)

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MARYLAND STATE DEPARTMENT OF HEALTH

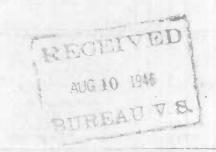
2411 N. Charles St., Baltimore 933

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CERTIFICATE OF DEATH

-0	00				-
Reg.	Diat.	No.	.3.	0.	\$

1. PLAÇE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county. Washington	10. A
City or town	State Maryland County Washington
How long in above place of death?	(If outside city or town limita, write RURAL and give nearest town)
How long in above place of death	Street No. M. Main St.
n. main st	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war.
How tong in respirat of the	
3. (a) FULL NAME	3. (b) Social Security Number
Mary Ce. Low	ry Nove
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Personale Wilter married	2D. DATE OF DEATH Grand S 1946 at 6 0 M
8.(b) Hame of husband or wife Thank & Lowery.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	ang 4" 19 4 6, 10 ang 5" 19 46.
7. Birth date of	and that I last saw ho san alive on Georg 4 " 19.46
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
o. Ada.	Chous myserdeles glaves.
45 4 2hrs. min.	
9. Birthplace Mar. Myersville Fred. Co. md.	Due to
Town, county, and state)	
1D. Usual occupation	Due to
11. Industry or business Own Torus	
12 Name Sherman E. Walle	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Dolly Sammus	Major findings of operations
15. Birthplace Borrustrus Wrish, Co. md.	Date of op.
16 Informant Frank E. Lowery	Autopsy results
IV. HIDIWAN	PHYStCIAN: Please underline the caose to which death should be charged statistically.
Address Downstone Md.	22. VIOLENCE: If death was due to externat causes, fill in the following;
(Burial, cremation, or remoyal, Which?) Date thereof (month) (day) (year)	Accident, Buicide, or homicide
Cemetery or crematory	Where did injury occur?
location & ornstone md.	tnjured at home, farm, industry, public place (where?)
firm 2 Bat dean	Meens of Injury Injured at work?
18. Funeral director	
Address Dousboro Md.	the best trade m. A.
Du 8 111 6/18/18/18	23. SIGNATURE. M. D. or other
(Date (sel'd by registrar)	Address / Transplano Ind. Date signed 8 /7/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County		rton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)
			State Maryland county Washington
			Rural Harners Ferry P F D 3
How long in above place	of death? 3 d	la ys	City or town Rural Harpers Ferry R. F. D. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or	street address where	death occurred:	Street No.
		Hospital	(lf rural, give LOCATION)
How long In hospital o	r Institution?	3 days	2.(a) If veteran, name war
3. (a) FULL NAM	E		3. (b) Social Security Number
	Infa	nt Marshall	None
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White	Single	20. DATE DF DEATH
			21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
6.(0) Name of husband	or wite		A
7 Dirth data of			and that I last sanhan alive on Aurel 3 () 1946.
deceased (mo., day,	yr.) Augus	st 27,1946	Immediate cause of death DURATION
8. AGE: Years	s Months	Days If less than one day	
		3hrsmin.	asperiation francoma Tilay
THE -	-)-44		
9. BirthplaceW.S.	Bhington U	ounty Hos. Hag. Wash. Mo	Due to.
			77.00000000
			Due to.
11. Industry or busines			
12. Name		rd Marshall	Other conditions
13. Birthplace	Sharpsburg	Md.	(Include pregnancy within 3 months of death)
Maides some	Anna Paul	line Ely	
E 14. Maisen Hame.			Major findings of uperations.
≥ 15. Birthplace	Sharpsburg	ine Ely g, Md cd Marchall	
16. Informant A	llen Richar	d Marshall	Antopsy results
Address	Sharpsburg		PHYSICIAN: Please underline the cause tu which death should be charged statistically.
			22. VIOLENCE: If death was due to external causes, fill in the following;
17. Buris	o, or removal. Which?	Date thereof	Accident, suicide, or homicide
Cemetery or crematory Mt. View			Where did injury occur?
		resburg Md	Injured et home, farm, Industry, public place (where?)
18. Funeral director	R.	L. Earnshaw	means of injury injured at work?
Address	Кеес	lysville, Md	23 SIGNATURE Waller H. Shraly Mal.
19. Que	1 3 / 19 4 6	Brast Bowers	M. D. frother
(Date rec'd by	gistrar)	Registrar	Address Date signed &

SEP 3 1946
BURFAU V B.

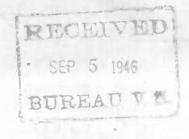
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 169

CERTIFICATE OF DEATH

	183322	7
N	Reg. Dist. No.	~

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland county Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If yeteran, name war.
3.(a) FULL NAME	3. (b) Social Security Number
Charles Elmer McLucas	220-10-3506
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION FOT 20. DATE OF DEATH J.
6.(b) Name of husband or wife Flake I. McLucas 55 7. Birth date of deceased (mo., day, yr.) February 17, 1881	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from the date above stated; the date attended deceased from the date attended deceased
8. AGE: Years Months Days If less than one day	Immediate cause of deaths. DURATION
65 6 14hrsmin.	But has complet
9. Birthplace Shippensburg, Pa. (Town, county, and state) 1D. Usual occupation Night Watchman 11. Industry or business Potomac Motor Company 12. Hame James A. McLucas 13. Birthplace Little Cove, Pa.	Due to Due to Diher conditions.
当 13. Birthplace Dittle 50 vo, 123.	(Include pregnancy within 3 months of death)
Margaret Gilbert 14. Malden name Margaret Gilbert 15. Birthplace Shippensburg, Pa. Mrs. Charles McLucas	Major findings of eperations
El 15. Birthplace Diff portion Market Charles	Date of op.
18 Informant Mrs. Charles McLucas Address Hagerstown, Maryland	Autopsy results
Burial Date thereof 9-4-46 (Burial, cremation, or removal, Which?) Cemelery or crematory. Rose Hill Cemetery Hagerstown, Maryland	22. VIOLENCE: If death was due to exteroal causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. C. M. Suter & Sons	Means of injurition over ty realist infured at work?
Address Hagerstown, Maryland	23. SIDHATURE M. D. OT MAN. D. OT MAN. D. OT MAN.
19. (Date rec'd by registrar) 19.4.6 QHASTI However, Registrar	Address Date signed Joffes Comments



MARYLAND STATE DEPARTMENT OF HEALTH

08393

2411 N. Charles St., Baltimore GARNY CERTIFICATE OF DEATH

Reg. Dist. No. 302-

City or town(If How long in above plac	Hamanata	vn mits, write RUR 50 year death occurred:	AL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State		
How long in hospital of	or Institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM	IE.		. Miller		3. (b) Social Security	Number
4. Sex Female	5. Color or race White	Mar	arried, widowed, or divorced	MEDICAI 20. DATE DF DEATH August	L CERTIFICATION 4 1946	8:40p M
I I	Tuna 7		alive, give ageyears	21. I CERTIFY that death occurred on the da	ang 4	1946
8. AGE: Year 78		22	It less than one dayhrsmin.		Bladder	DURATION // J
1D. Usual occupation. 11. Industry or busine 12. Name. He 13. Sirthplace	No: ss No: enry Lum Smoke tow	ne ne ne Md.	h. Md.	Oue to Due to Other conditions	hin 3 months of death)	Jp
2 15. Sirthplace 16. Informant Mis	Unknown s Sarah	L. Lum		Major findings of operations	Dale ot op	
Burial (Burlal, cremation Cemetery or weemal	n, or removal. Which?	Date thereof Haven	Aug. 7, 1946 (month) (day) (year)	22, VIOLENCE: It death was due to extere Accident, suicide, or homicide	nal causes, fill in the following; Date of Owwu) (County)	(State)
18. Funeral director	Scott F. gerstwon 6, 46	Minnie Md.	ch & S9n	Means of Injury 23. SIGNATURE	Injured at work? ### April 1997 M. D. Bate signed.	9 or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CED	TI	CIA	CA	TE	OF	DEA	TH
CLR		$\Gamma = V$	$\cup A$		UL	JULIA	

(18394 Reg. Diat. No. 302

City or town(If o	Washin Hagers utside eity or town lin of death? 29 street address where d	town. its, write R years eath occurred	URAL and give nearest town) i. anklyn,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State		
How long in hospital or	Institution?		***************************************	2.(a) it veteran, name war	***************************************	*****************
3. (a) FULL NAMI	Paul R	. Mil	.ler		3. (b) Social Security None	Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	10 15
Male	White	5	Single	20. DATE OF DEATH August	12 19 46	A . M .
6,(b) Name of husband or wife				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19		
8. AGE: Years	Months	Days	It less than one day			•
29	7	000		vascular hypert	ension	?
9. Birthplace	ILS.SO		Md.	Due to fatty degenerat arteriosclerot Due to	ic kidneys	
11. Industry or busines				acute alcoholi	c narcosis	
12. Name			liller	Dther conditions		***************************************
13. Birthplace H 14. Maiden name. W 15. Birthplace	Hagers Mary K			(Include pregnancy within 3 me		
N 15. Birthplace West Va					Date of on	
16. Informant	George	L. N	liller	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	Hagers	town,	845 Chestnut,	PHYSICIAN: Please underline the cause to whit	ch death should be charged	statistically.
Buria (Burial, cremation	or removal, Which?)		Aug 15,1946 (month) (day) (year)	22. VIOLENCE: ti death was due to external cause Accident, suicide, or homicide	Date of	
Cemetery or cremato	, Nation	al Ce	metery	Where did injury occur?(City or town)	(County)	(State)
Location	Sharps	burg,	Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director	Fred W	. Kra	iss.	Means of Injury Injured at work? MEDICAL EXAM		
Address	Hagers			A Nohus 1	DUPEPUTY ME	CO. MD.
19 Qua. /	(4 1946 (gistrar)	Mary	paret B. Bower	23. SIGNATURA	M. D. Date signo	/1



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-2,

CERTIFICATE OF DEATH

Reg. Dist. No. 302

City or town	Wash	nits, write R 30 yes	URAL and give nearest town)	(For newhorn infants give residence of mother) State		
	or institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM			Moats	3. (b) Social Security Number 214-09-9883		
4. Sex	5. Color or race 6.(a) Single, married, widowed, or divorced			MEDICAL CERTIFICATION		
Male	White	M	arried	20 DATE DE DEATH UMANL 21 1946 at 738 b		
7 Right date of	or wife Emma	6.(0	e) If alive, give age 55 years	21. I CERTHEY that death occurred on the date above stated; that Tattended deceased from 1946 to Warr 2 194 and that I last saw h. A.M. allve on	_	
8. AGE: Yea		Days	It less than one day	Immediate case of death		
	1 8	11	hrs,min.	Michigan July Sma	0-	
1D. Usual occupation 11. Industry or busine 12. Name He	Sheet mess Fairchi enry P. Mo	ld Ai ats	worker	Due to Due to Other conditions Other conditions		
14. Maiden name	Susan Da Tilghmant	on, A	laryland	(Include pregnancy within 3 months of death) Major findings of operations Date of op.		
	irs. Frank Lagerstown			Autopsy results		
Cemetery or crema	Lon, or removal. Which?)	Cemet	eof. 8-24-46 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, till in the following; Accident, suicide, or homicide		
Location	ghmanton	TATAL	Cona	Injured at home, farm, tudustry, public place (where?) Maens of Injury Injured at work?		
18. Funeral director.	C. M. Su	Jer &c.	noons	DR A		
	x3 1946	11.1	, , , , , ,	23. SIGNATURE M. D. or other Address Story wat run Date signed & 22214	6	



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecutive is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

The correct age

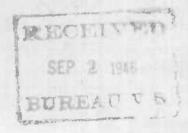
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-0)

Dist	N. 7	302

CERTIFICATE	OF	DEATH	-
CERTIFICATE	OF	DEATH	-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Washington , ,,,,,	
City or town	state Laryland county Washington
How long in above place of death? 2 Days	City or town Sharp Sburg R41 (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Bakersville
Washington County Hospital	(If rural, give LOCATION)
How long in hospital or institution? 2 Days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Gary Lee Palmer	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH
	21. I CERTIFY that death occurred on the dats above stated: that I attended deceased from
6.(b) Name of husband or wife	\$ \\ 30 19.46 to \\ \\$ \\ 30 19.46
7. Birth date of	and that I last saw have alive on 8 3 0 19 %
deceased (mo., day, yr.) August23 1946	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Cerebral. Henonlase
7 — hrs. — min.	A
9 Birtholace Bakersville Washington Co. Md.	Que to Bill human
9. Birthplace Bakers ville Mashington Co. M.d.	
10. Usual occupation	Que to
11, Industry or business	
Flanklin A. Cook	Other conditions
12. Name Franklin A. Cook 13. Birthplace Bakersville Md.	
14. Maiden name Anna Bell Palmer	(Include pregnancy within 8 months of death)
	Major findings of operations.
15. Birthplace Bakersville Md.	Date of op.
t6. Informant John W. Sisler	Autopsy results.
Address Sharpsburg Ld. R #2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof 8/30/46 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mountain ViewCemetery	Where did Injury occur?
Location Sharn Shung Lary Land	Injured at home, farm, industry, public place (where?)
18. Funeral director. And rew K. Co. fran	Means of Injury Injured at work?
	1 73
Address Hagerstown laryland /	23. SIGNATURE.) M. D. or other
19 aug. 30 1946 phaithowers,	
(Date rec'd by registrar) Registrar	Address 24 a gentlem Date signed 8 30 196



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 407

CERTIFICATE OF DEATH

		7.1	-
Reg. Di	st. No	20	40

20/

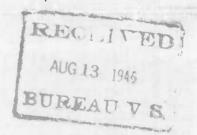
1. PLACE OF DEATH. Washington County. Rural Hagerstown City or town. (If outside city or town limits, write RURAL and give near How long in above place of death? Years Hospital, Institution, or street address, where death occurred: Hagerstown Rt. 4	Street No. (If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Bulah I Petr:	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or c	MEDICAL CLICITICATION
Female White Married	20. DATE OF DEATH. August 8 46:30a
S.(b) Name of husband or wife Luther J. Petrie	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
c (a) If alive give age	19
7. Birth date of deceased (mn. day, yr.) Jan. 29. 1903	
deceased (mo., day, yr.) URIL 27 . 1500 8. AGE: Years Months Days If less than one day	Immediate canse of death
43 6 9hrs.	Carcinoma Liver
9. Birthplace Hampshire County W.Va. (Town, county, and state) House Wife	Due to.
11. Industry or business Own Home	DUE 10.
Robert R. Wolford 12. Name Robert R. Wolford 13. Birthplace Hampshire County W. Va.	Dther conditions
Minnie Carliste	(Include pregnancy within 8 months of death)
Minnie Carliste 14. Malden name Hampshire County W.Va 15. Birthplace Mr. Luther J Petrie	Major findings of operations
Hagerstown Rt. 4	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. Rose Hill Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Hagers town Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Scott F. Minnich & S Address Hagerstown Md.	
19. Qual Date rec'tyly registrar)	Registrar Address Lagranting M. D. of M

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

CERTIFICATE OF DEATH

08398

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: Washington City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Washington & O. Hospital How long in hospital or institution.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maylan a County allegany City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Betty Jane 7	Orter 3. (b) Social Security Number
4. Sex 5. Color or race 8. Colsingle, Warried, widowed, or divorced Female White Single	MEDICAL CERTIFICATION 2D. DATE OF DEATH
6.(b) Name of husband or wife 8.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) May 16 - 1920 8. AGE: Years Months Days if less than one day 263 / 3 hrs. min. 9. Birthpiace Ellerslie Allogany bo Md. (Town, county, and state)	21. I CERTIFY that death occurred in the date above stated; that f attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. Immediate cause of death. DURATION Due to.
10. Usual occupation. Postmistics 11. Industry or business Ellerslie Post Office 12. Name. Pary R. Porter 13. Elritopiace Ellerslie, Ind. 14. Maiden name. Sydia Fowery 15. Birthpiace Ellerslie Ind.	Other conditions. (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Clarence Burkett	Autopsy results
Address 17. Burial (Burial, cremation, or removal, Which?) Cemetery or avernatory Poster P	(City or town) (County) (State)
18. Funeral director. 6. M. Suter 9 Sous	Meens of Injury Cutto accident Injured at work?
19. Augustour 19. 46 Blast Bower S. (Date registy registrar) 19. 46 Blast Bower S. Registrar	23. SIGNATURE Date signed Date signed

AUG 31 1946 BUREAU VS.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8370/

CERTIFICATE OF DEATH

08399

Reg.	Dist.	No. 30 Z

1. PLACE OF DEATH: Washington County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Hagers town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
E. Catherine Powell	00 no 00 00 mm ma 00 mm mm	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced Female White Widowed	MEDICAL CERTIFICATION August 8 46 7:30a M	
8.(6) Name of husband or wife Edward C. Powell 8.(c) If alive, give age years 7. Birth date ot deceased (mo., day, yr.) August 21, 1867	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Orelast Lemonton Que 3 1444	
78 1 2 17	Houshbasia D ndo 11 11 11	
9. Birthplace Near Harpers Ferry W.Va. (Town. county, and state) None 10. Usual occupation None	Due to. 10 yrs. 7 Due to.	
11. Industry or business None 12. Name George Earl 13. Birthulace England	Dther conditions	
Sarah E. Nicewarner 14. Malden name Sarah E. Nicewarner 15. Birthplace Mathews Co. Va.	(Include pregnancy within 3 months of death) Major findings of operations.	
16. Informant Mrs. Ellis Potter Address Hagerstown Md.	Autopsy results	
Burial Date thereof Aug 10, 1946 (Burial, cremation, or removal, Which?) Cemetery or crematory Funks town Md.	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	
18. Funeral director Hagerstown Md.	Meens of injury Injured at work? 23. SIGNATURE M. D. or other	
(Date rec(d/by registrar)	Address rage word, Med Date signed by 8, 1946	



NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

Dr. Ditto 08400

CERTIFICATE OF DEATH

Reg. Dist. No. 302

	1 a man a		I a Hall I Brainfillos (FECTOR)	P DECELEED
1. PLACE OF DEATH: Washington			2. USUAL RESIDENCE (HOME) OF	mother)
Hagerstown			State Maryland Com	Washington
City or town(If	outside city or town li	mits, write RURAL and give nearest town)	Lamanat-	a contract
	e of death?	在 Z Y 间性 T* 位	(if outside city or town limits	, write RURAL and give nearest town)
Hospital, Institution, or	r street address where	death occurred: est Church St.	Street No. 733 West Chur	ch Street
			(If rurat, give	LOCATION)
	r Institution?		2.(a) It veteran, name war.	
3. (a) FULL NAM	E			3. (b) Social Security Number
		Mrs Saraha Catherene	Remner	None
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Female	White	Married	20. DATE OF DEATH August	19, 19 46 at 1 A.
E (h) Name at husband	or wife O	tho	21. I CERTIFY that death occurred on the date abo	ve etated; that t attended deceased from
		6,(c) If alive, give age years	19 J. J. 19.	10 Cray 17 - 152
7. Birth date of		t 26, 1873	and that I last eaw a last alive on	4 1 - 4 - 19
deceased (mo., day, 8. AGE: Year		Days It less than one day	Immediate cause of death	
o. Adl.			Che My aus	45
72	11	23hrsmin.	-	
9. Birthplace Bro	pagforing	Wash. Co. Md.	Due to	
		House Wife	Veneflege	10 days
10. Usual occupation.			Oue to	
11. Industry or busines		Own Home		
12. Name	Samuel	Keyser	Other conditions	
13. Birthplace	Broadfo	riding Md.	(Include pregnancy within 3 n	-AL
14 Maiden name	No Re No Re Mrs Bess	cord		
To mainer mame.	No Re	cord	Major findings of operations	
=1 15. Birthplace	Mas Dass	3 o 03 on on		
16. Informant			PHYSICIAN: Please underline the cause to wh	
Address	Hagersto	wn, Md.		
17 Buria	al	Oate thereof Aug. 21,1946 (month) (day) (year)	22. VIOLENCE: If death was due to external cau	
Burial Date thereof Aug. 21, 1946 (month) (day) (year)			Accident, eulcide, or homicide	
Cemetery or crematory Broadfording , Cemetery			Where did injury occur?(City or town)	(County) (State)
Location Broagfording, Md.			Injured at home, farm, industry, public place (wh	hera?)
18. Funeral director	Andrew 1	K. Coffman	Meens of Injury	Injured at work?
Address		town, Md,	910	X
0.		10 110	23. SIGNATURE	M. D. or other
19. Clug	2 19.4 Q	Registrar	Addrass / Justin	Date signed // 9/4/
19. Clug	2 19 4 (P	Classiff Jowess, Registrar	Address	Date signed // 2/

RECEIVED AUG 23 1946 BUREAU V F

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 872

CERTIFICATE OF DEATH

1	115		111	17			
~	Res) '	tat.	No.	3	0	2

1. PLACE OF DEATH: Washingto		2. USUAL RESIDENCE (HOME) OF (For newborn infanta giva realdenes of m Maryland	other) Washingt	on
(If outside city or town limits, where the state of the s	write RURAL and give nearest town) 40 Years	State Countries Countries Countries Countries City or town CIf outside city or town limits.	write RURAL and give nea	rest town)
Hospital, institution, or street address where death of 520 Washington. How leng in hespitat or institution?	Square	Streef No. 520 Washingto (If rural, give L	OCATION)	
3. (a) FULL NAME	H. Rubeck	2.(b) (1 veteral), name was	3. (b) Social Security None	
	a) Singia, married, widowed, or diverced	MEDICAL CE	RTIFICATION	3*45
male White	Married	20. DATE OF DEATH. August 13		A.M
8.(b) Name of huaband or wite. Margare	t Rubeckry	2f. I CERTIFY that death occurred on the date above		
7. Birth date of	6.(c) If alive, give ageyeara	and that I feet saw hative on		
deceased (me., day, yr.) May 8, 1	874	Immediate cause of death		DURATION
o. Auc.	ays it tess than one day			
72 3	5min.	Multiple scler		
9. Birfipleca Clearspring Dist Md a (Town, county, and atate) Retired			monia	2 d
ft. Industry or business Rail Road		Ous fa	***************************************	
Fig. NameJohn Rubeck		Other conditions		***************************************
13. Birthplace Clearsprin	g. Md.	(Include pragnancy within 3 m	onths of death)	
14. Maiden name Clarissa 15. Birthplace Washingto		Major findings of operations		
	n Co. Md.			
16. Informant Mrs. Rube	ck	Autopey results		atables No
Address Hagerston	n.			bianoutany.
(Durini, Crometion, or rometime transcript	ate thereotAug15		Oafe of	
Cometery or cremetory St Paul		Whera did injury occur?(City or town)	(County)	(State)
Location St Paul	Hagerstown Rd 40	injured et home, farm, industry, public place (who	pre?)	
ts. Funerel director. Fred W. K	raiss	Means of Injury	injured of work?	EDICAL EXAM
Address Hagerstow		23. SIGNATURE Nohero	W LEGNASH	
18 Assa 14 18 46 M	largaret B. Bour	as A	M. D.	ar other

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AUG 16 1946

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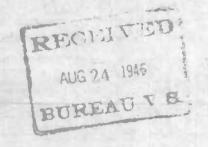
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 45 C CERTIFICATE OF DEATH

	2.3	Sec	1	E 3			
	U	9	7	3	E	6,	

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Harvey & Sa	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, stoyed, or divorced W. B.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. BATE OF DEATH 21. I CERTIFY that dealb occurred on the date above stated: that I attended deceased from 19.46 19.46 19.46 19.46
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h Line allve on
9. Birthplace Odams Co. 1. Pa. (Town, county, and state)	Due to Primary molignancy 2 clask wild marked generalized
10. Usual occupation	Due fo Me tao tasis. Other conditions
14. Maiden name Rebecca Resperley 15. Birthplace adams 3.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address Smithsburg md. #2	Autopsy results. PHYSICIAN: Pfease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Cemetery or crematory. Date threef. (myth) (any) (year)	Accident, suicide, or homicide
Location Waynes Cop Pa 18. Funeral director Walter & Show E	Injured of home, farm, Industry, public place (where?) Means of Injury Injured af work?
Address Warfrestoro Ja	23. SIGNATURE Walter & Wolinger
(Date rect) by registrar)	Address Wenne Coro Pa Date signed 5 Georg 19 46



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MARYLAND STATE DEPARTMENT OF HEALTH

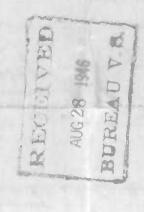
2411 N. Charles St., Baltimore 83-2

TIGHT I PROPERTY OF THE PARTY OF PROPERTY

CERTIFICATE OF DEATH

1841, Reg. Dist. No. 305

1. PLACE OF DEATH:	(For newborn Infants give residence of mother)
County Washing year	manufacture of the second
City or town	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution or street address where death occurred:	Vh. m. l. P
Bourstru Md. R.	Street Ho. (If rural, give LOCATION)
	YMAL
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Walrel Schloso	os. Nou
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. 1 1.1.1 6 1	3
Dinale White Dugle	20. DATE OF DEATH. Canquest 22" 19.46 at 10 7. M
6,(b) Hame of husband or wite	21. I CERTIFY that death occurred in the date above stated: that I attended deceased from
	aug 811 1846, 10 aug 22" 1846
7. Birth date of	and that I last saw har alive on Garage 2 2 7 1 19 4 6
deceased (mo., day, yr.) - OMMICH - 12 ~ 1896	Immediate cause of death OURATIOH
8. AGE: Years Months Days If less than one day	Immediate cause of geath Russia Lage 14 Days
50 7 10hrsmin.	
M = 11. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(+: 0 % 1 += 1
9. Birthplace (Town, county, and state)	Due to lateral by par lessand
VA 4000	
10. Usuat occupation.	Oue to
11. Industry or business at 14 oras	
# 12 Name & Dlimas Sellosser	Bither conditions
E A No. A	
×	(Include pregnancy within 3 months of death)
E 14. Maiden name Dissus G. Munnau	Major findings ol operations
15. Birthplace	Date of op.
Carried Salivarda	
16. Informant	Autopsy results
Address Doorston Mal. R. I	
17 Burial : Date thereof august 25, 1940	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory B country Cemetary	Where did injury occur?
Ban has made	Injured at home, farm, industry, public place (where?)
Location 13 donators rnd.	
18. Funeral director Orus 7 Bast 45 orus	Means of Injury Injured at work?
2 1 10-1	0 (1 / 2 / 1 1
Address OS cractino Ma:	23. SIGHATURE Descent Pade M. A.
10 aug. 24. 10 45 John &1. 13 ask	M. D. or other
(Date lec'd by registrar) Registrar	Address / Lacusters md. Date signed 8/24/46,







mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be

properly classified. Exact statement of OCCUPA-

V. S. No. 1

-WRITE

M ż

		F MARYLAND—	CERTIFICATE OF DEATH (54)	14.
	E OF DEATH			
Count	y WASHILTM		Registration Dist. Not 3 6.	5
Villag	e or City Haxrs To		No. R,#2 St.,	Ward
Length	of residence in city or town where		f death occurred in a hospital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrs	
2. FULL	NAME Emma	Rebecca SHEFF	FLER If U. S. Veteran, specify WAR	
(a) R	esidence: No. Rock	FORGE. Maylan (Usual place of abode)	A. St., Ward. If nonresident give city or town an	10
PER	SONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	id State
3. SEX Jema	le 1. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH A UGUST 9 (Month) (Day)	, 193 4 6 (Year)
(or) WIF	RIRTH (month, day, and year) Years Months	heffler buil 8, 1862 Days If LESS than I day,hrs.	1 HEREBY CERTIFY. Thet I attended to have cocurred on the date stated above, at 7:10 R.m. The PRINCIPAL CAUSE OF DEATH end related causes of importence	9.,19.96
_ l 8. Trade	profession, or particular	ormin.	were as follows:	Date of onest
9. Indus	, profession, or particuler nd of work done, es SPINNER, AWYER, BOOKKEEPER, etc try or business in which	Inse wife	Tubuculosis. pulmonay-	
12. BfRTHPLA (Stete	ork was done, as SILK MILL, AW MILL, BANK, etcdeceased last worked et is occupation (month and per) ACE (city or town)	11. Total time (years) spent in this occupetion	Other Contributory Causes of Importance: Malnutain in an BLIND-Tolan-CRUSE	ę
13. NAME	John Mer	<u>t</u>		
	IPLACE (city or town)	many	Name of operation Nmi - Date of What test confirmed diagnosis?	autoney? No
16. BIRTH	A 7	y Feolos Honodel	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	ng: , 19
18. BURIAL, C	Hellen Heil Comel	Sporte \$11 1946	Menner of injury	
19. UNDERTAI	KER Halter 3/ 8	Gene Wagneling	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Caledia Robert Color	No) nd.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilepsu 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Mr. Ferry M. Hocker.

RECEDIANCE AUG 16 1946
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (934)

CERTIFICATE OF DEATH

Reg. Dist. No. 3. 5. 3.

1. PLACE OF DEATH SHING TON	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State PENNA. County FRANKLIN
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address whera death occurred:	Street No. 234 RINGGOLD STREET
GATEWAY NURSING HOME	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
BESSIE ELIZABETH	STITELY NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	_ MEDICAL CERTIFICATION
FEMALE WHITE WIDOWED	20. DATE OF DEATH 200 3 19.45 21/1:45 P.M
6 (1) Name of husband or wife GRANT U. STITELY	21. I CERTIFY that death occurred on the date above stated; that battended deceased from
6.(b) Name of husband or wite	1246 10 Jacks 9 1946
deceased (mo., day, yr.) JAN. 18 1870	and that I last saw h. Q
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
76 6 15nrsmin.	Levy reserve.
9. Birthplace JOHNS YILLE - FREDRICK MARYLAND (Town, county, and state)	Due to
10. Usual occupation. House Wife	- Probable nulignary
1t. Industry or business HOME	is abstones 0
E 12. Name FLETCHER RILEY	Other conditions aretures 1 L. Kee.
13. Birthplace MARYLAND	0
14. Maiden name JEMIMA STRASBURG 15. Birthplace MARYLAND	(Include pregnancy within 8 months of death)
15. Birthplace MARYLAND	Major findings of operations.
	Date of op.
18. Intermant C. HARRY STITELY	Autopsy results
Address 20 S. CHURCH ST. WAYNES BORD ENNA.	
BURIAL POLO AUG. 6 1946	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereot PUG. 6 1946. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory LIBERTY TOWN CEMETERY	Where did injury occur?
Location LIBERTY TOWN MARYLAND	Injured at home, farm, industry, public place (where?)
18. Funeral director of marlin Coc	Means of Injury Injured at work?
Address 485. CHURCH ST WAYNES BORO PENNA.	Judney hoverden
aug. 4. 166 Larm Trable	23. SIGNATURE M. D. OF OTHER
(Date ree d by registrar)	Address Date signed 4/46

DOT 9 1946
BUREAU V S.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

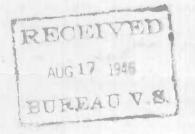
2411 N. Charles St., Baltimore 99-1

CERTIFICATE OF DEATH

(13	37	1	C)	1	
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.1		2	7.	9
Rev. Diat.	No.	0	0	1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County / Market Strings	
City or town(If outside fity or town limits, write RURAL and give nearest town)	
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution or street address where death occurred:	Street No. 67 So. Mais
flutungla 2)	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Olarence V. / her	mpsen
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Wale Marker Markered	20. DATE OF DEATH CUIGUEL 14 19.46 at 10,25 PM
Eng A Thomas Me.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	ave 14 1946, 10 aug 14 1946
7. Birth date of	and that I last saw h. alive on august 14 19 46
deceased (mo., day, yr.) Sept. 1892	Immediate gare of death DURATION
8. AGE: Years Months Days If less than one day	Aprilessue ardis
53 0 9 /hrsmin.	Theules office
9. Birthplace (Town, county, and state)	Oue to
10. Usual occupation. Les always I Marge	Due to.
11. Industry or business	90 TO
12. Name Liganth pp. Thempson	Other conditions
13. 8irthpiace Tranklis Co. N. 3.	(Include pregnancy within 3 months of death)
1 N / -	
10 A 111. Q 15	Major findings of operations.
711. 8 - 4 7	Date of op
16. Informani f	Autopsy results
Address champerstura, a.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate thereo (month) (day) (year)	Accident, suicide, or homicide
No aday (Technologo -	Where did injury occur?
Cellisis) of Ciclinatory	(City or town) (County) (State)
Location Tassifers tung, a	Means of Injury A Injured at work?
18. Funeral director	Magning of rights
Address Oxamboshana / a	I dres hoveston M.D.
1 11 15 46 phase Bowers	23. SIONATURE. M. D. or other
(Date rec'd by registrar) Registrar	Address Jules + bun ma Date signed 1/5746



WRITE

PLEASE

VS A15

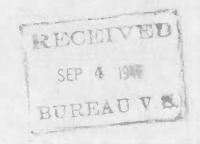
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92)

CERTIFICATE OF DEATH

1184118 Reg. Diat. No. 302

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, white RURAL and give nearest town)	State County The County
How long in above place of death?	City or town
Hospijal, Institution, or street address where death occurred:	2 - 1/ - 2/ -
Hill Gest Convalescent Home	Street No. J.
How long In hospital or Institution? 2 whea.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or rage 6.(a)Single, married, wildowed, or divorced	
	MEDICAL CERTIFICATION
male white Single	20. DATE OF DEATH (1944, 3) 1944 21/1:15 P. II
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1 July 1946 10 31 aug 1946
7. Birth date of	and that I last saw h LAM alive on 29 aug 1946
deceased (mo., day, yr.) Upokul 16, 1868	Immediate cause of death
8. AGE: Years Months Days If less than one day	Resperatory paralyses I know
78 4 /5hrsmin	
9. Birthplace Haynestono Pa.	Que to Bulbar paralysis
(Town, eounty, and state)	Chronic progressive 2 year
1D. Usual occupation	Que la arterco selerasis
11. Industry or business	queralized . 10 year
= 12. Hame Daniel Toitle	Other fonditions of arismacal paralypes
13. Birthplace In making # 2. Pa.	chronie - 6 rus
& Of the Parish	(Include pregnancy within 3 months of death)
14. Maiden name Clay Abelling A. San Color	Major findings of operations.
E 15. Birthplace Janualore # 4, 8a.	- Date of op.
16 Interment Richard Snively	Autopsy results.
171/2 1 01	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address Wagnesbons, O.C.	22. VIOLENCE: If death was due to external causes, 1111 in the following;
(Burial, cremation, or repoyal, Which?) Date thereol. (month) (day) (year)	Accident, suicide, or homicide
1 4 7/:10	Where did Injury occur? (City or town) (County) (State)
Cemetery or gremotory	
Location fluid suffering the state of the suffering the sufficient the suffering the s	Injured at home, farm, industry, public place (where?)
18. Funeral director Mallies of States	Means of Injury Injurgal at work?
Address 7 Church It Waynesters fa	1 July to de well
NIFI 11 DO SHOWN	23/ SIGNATURE M. D. or other
19 Left 1: 19 46 phay/ 100000	Tolangelebaro To 150 sh 41
(Date see'd by registrar) (Date see'd by registrar) (Date see'd by registrar)	Address Telagresbaro Pa Bate signed 1 Sept 4



2 8 4

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

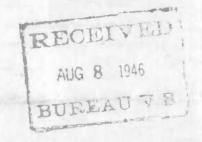
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VS-A15

CERTIFICATE OF DEATH

Reg.	Diat.	No.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County le aslang her lo.	(For newborn infants give residence of mother)
City or town willi africa bort	State Mary Pare & County Washing lan
(If outside city or town limits, write RURAL and give nearest town)	City or town williams pest
How long in above place of death?	(If outside city or town limits write RURAL and give newest town)
Hospital, Institution, or street address where death occurred:	Street No. 108 arle Jack
	(If rurg), give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mayor Jane Turner.	
4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
(() () () ()	14.
Jemale black single	20. DATE OF DEATH. Oug. 4 10.46 at 19.46
6.(b) Name of husband or wife	21. I CERTIFY that weath occurred on the date above stated; that fattended deceased from
94(0) (tallie of massaum of missing	173/46 19 10 17 4 4 6 18
5.(c) t1 alive, give ageyears	and that lest saw h Wattre on STY & 63
deceased (mo., day, yr.) Queg 8 1996	Immediate cause of death ought fall for a formation
8. AGE: Years Months Days 11 less than one day	Carline Missase March
1/2	//2 //
	· ·
9. Birthplace	Due to
10. Usual occupation	
	Due to
11. Industry or business	
E 12. Name Harry Yur ner 13. Birthplace Williams port Ind	Other conditions
13. Birthplace Uselli aus port Mid	(Include pregnancy within 3 months of death)
	Major findings of operations.
•	- Date of op.
16, Informant Harry Nurses	Autopsy results
Address 10 8 as tes an at willenessent la	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory	
Location Hagers Lower Mac	Injured at home, 1arm, industry, public place (where?)
18. Funeral director Battle 5. Load	Means of Injury Injured at work?
- 001 A 01 will be accessed to	Dun. A Channel
Address 7 Letter at the with all the	23 SIGNATHRE AA . + - HOUGET
Chuck & No. M-Rian	D. or other
(Date ree'd be registrar)	Address Chille Ours Flory



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77-2)

CERTIFICATE OF DEATH

1841) Reg. Diat. No. 306

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Sunsten have med	State Mary Course County Washington
(If outside city or town limits, write RURAL and give nearest town)	City or town thublabung and
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street aggress where deadl occurred.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. Noul
3. (a) FULL NAME	
Jessie Elsworth Warner.	3. (b) Social Security Number
4. Str 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Mite married	20. DATE OF DEATH. CLANG 17 46 19 21 A M
6.(b) Name of husband or wife Bertha Frence, Darries	21. I CERTIFY that death occurred of the date above stated; that I attended deceased from
6.(c) If allve, give age #5 years	ang 19 46 10 ang 19 48
7. Birth date on deceased on one of the state of the stat	and that I last saw be alive on less lang 15 46 19.
deceased (Mo., Tay, yr.) 8. AGE: Years Months Days It less than one day	Immediais cause of death DURATION
6. AGE: 46 7 / 9	[Sustaliana)
	1 1 1 - La 1 - Hay 1 - La
9. Birthplace (Town, county, and state)	Due to Owned dead by Jahren 1849
10. Usual occupation. Laborer.	apparently desif for at
11. industry or business Zabarer	le 10.
MI VI	
	Dther conditions
2 13. Birthplace Char Suntanhung	(Include pregnancy within 8 months of death)
14. Malden name vaa	Major findings of operations
15. Birthplace Field Co and	Date of op.
16. Informant Mrs Man Kendad	Aotopsy results
Address Suntanbury me	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bussel 6 2 22-46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremetion, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Clarant Valley.	Where did Injury occur?
Location at Pleasant Valley.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Scio. 13. However	Means of Injury Injured at work?
Address Smithsburg med	DW Delto J. ceting corner
and all the things	23. SIGNATURE M. D. oc other
(Date red d by registrar)	Address Date signed 1/9/19

